Program Research for Strengthening Services
PROGRESS

GPO-A-00-08-00001-00

July 1, 2011–June 30, 2012
Annual Report

&

July 1, 2012–June 17, 2013
Workplan

Table of Contents

Organization of Annual Report and Workplan

Data for this Annual Report and Workplan was generated through the FHI 360 Electronic Information System (EIS). This report is organized as follows:

Introduction:

This section of the report will provide an overview of PROGRESS activities in Years 4 and 5. A list of activities by country and page number is included. It also includes selected accomplishments from PROGRESS Year 4, along with a list of publications completed during the year.

Activity Annual Reports and Workplans by Legacy Areas:

The main body of this document is organized by the Legacy Areas. Within each Legacy Area, an effort has been made to group activity reports in a logical order so those that address similar or sequential activities appear together. Each activity description includes information on activity status, country(ies) of implementation, period of performance, FHI 360 technical monitor, objectives, description, collaborating agencies and subawardees, cumulative accomplishments, accomplishments from the last six months (January – June2 2012), and a workplan for the next year (July 1, 2012 – June 17, 2013).

Travel:

This section of the report details all completed travel for July 1, 2011 – June 30, 2012.

Financial:

The budget and mortgage table in the back lists expenditures by activity, for the July 1, 2011 – June 30, 2012 period, as well as LOSP expenditures, and a workplan budget for the final year of PROGRESS.

Introduction

The U.S. Agency for International Development (USAID) awarded PROGRESS (Program Research for Strengthening Services) to FHI 360 on June 18, 2008. PROGRESS is a five-year Leader with Associates cooperative agreement. The goal of PROGRESS is to improve access to family planning among underserved populations through research and research utilization. To achieve this goal, PROGRESS developed a work plan consisting of four "Legacy Areas."

The Legacy Areas comprise the key organizing structure for identifying and implementing activities, monitoring performance, and assessing achievement of desired outcomes. This Semi-Annual Report and Interim Workplan describes activities under each of the Legacy Areas:

1. Maximizing human resources by task-shifting and addressing medical barriers
2. Expanding service delivery options within and beyond the health sector
3. Expanding the family planning method mix
4. Increasing in-country capacity for research and research utilization

The first three are the principal components that need to be addressed to ensure access to services: the people who provide the services, the service delivery systems, and the contraceptive methods themselves. Building capacity for research and research utilization is the foundation on which these three essential components depend to identify, evaluate, and scale up improvements. In addition, there is a section on Cross Cutting activities, M&E and Program Management.

New Activities in the Year 5 Workplan

During this reporting period, ninety-one (91) activities were fully or partially funded by PROGRESS. Of these, ten (10) are new activities for Year 5; eleven (11) were completed in Year 4; eighty (80) will be active in Year 5.

The new activities include four (4) new Field Support-funded activities in Ethiopia. These are:

1. Assessing Postpartum Reproductive Health Service Utilization in Amhara Region
2. Pretesting IUCD Communication Materials from Ethiopia
3. Midterm Evaluation of the IUCD Revitalization Initiative in Ethiopia
4. National Family Planning Symposium in Ethiopia

A new Field Support-funded activity is also underway in Uganda:

5. The Contribution of Drug Shops to Family Planning Uptake in Four Districts in Uganda

The USAID Mission in Tanzania has also informed PROGRESS that there will be new funds to support work previously done under the ACQUIRE/Tanzania project:

6. Support to the Tanzania Ministry of Health

USAID has provided additional core funds to PROGRESS to support three new activities:

7. Supporting the USAID/Africa Bureau Family Planning mHealth Meeting in Tanzania
8. An Assessment of the Impact of Navrongo Zurugelu Approach on Men's Concerns about Family Planning and Reproductive Health Services
9. Acceptability of Different Brands of DMPA

Finally, a new FCO/subproject was created within PROGRESS to bring together multiple activities related to family planning provision via drug shops:

10. Research and Advocacy in Support of Expanding Family Planning Provision Through Drug Shops

PROGRESS Activities by Country or Region

Country/Region	Activity	FCO	Page #
Africa Region			
Africa	Africa Bureau Support to PROGRESS and ECSA	892028	148
Africa	Supporting Community-Based Access to Injectables in Selected Countries	890131	
Dominican Republic			
Dominican Republic	Continuous vs. Cyclic Use of COC Pills (Complete)	890046	121
Ethiopia			
Ethiopia	Monitoring and Evaluation of the Ethiopian Implanon and IUCD Expansion Project	892001	130
Ethiopia	Situation Analysis of Family Planning Service Provision (Complete)	892010/ 890066	112
Ethiopia	Assessing Postpartum Reproductive Health Service Utilization in Amhara Region, Ethiopia	892059	57
Ethiopia	Pretesting IUCD Communication Materials from Ethiopia	892067	114
Ethiopia	Midterm Evaluation of the IUCD Revitalization Initiative in Ethiopia	892068	113
Ethiopia	National Family Planning Symposium in Ethiopia	892061	166
Ghana			
Ghana	Increasing Family Planning Access and Uptake Through DMPA Sales at Licensed Chemical Shops	890139	62
Ghana	An Assessment of the Impact of Navrongo Zurugelu Approach on Men's Concerns about Family Planning and Reproductive Health Services	890150	46
India			
India	Use of DMPA in India: A Study of User Experience and Support Systems in Private Sector Facilities	892025	98
India	Assessment of the Quality of the Integration of Family Planning Services into Immunization Programs in India (Complete)	892008	54
India	Capacity Building on Behalf of USAID/India on Family Planning Programs	892023	165
India	Changing Attitudes toward Family Planning Services through Increased Male Involvement	892024	170

India	Delivering a Community-Based Integrated Immunization and Family Planning Intervention to Postpartum Rural Women in India	892048	56
India	Evaluation of the Initiative on Contraceptives at the Doorstep by ASHAs	890050	44
India	Leadership and Advocacy on Introducing and Increasing Access to Implants and other Underutilized Contraceptive Methods in India	892049	107
India	Microfinance Programs as a Means for Delivering Family Planning Information and Service in India	890034	65
India	Program Assessment of the Introduction of Multiload-375 into the Indian National Family Planning Program (Complete)	892002	110
India	Research Utilization Technical Assistance in India	890042	163
India	Support to Advocating Reproductive Choices	892030	167
Kenya			
Kenya	A Kenya-based Pilot of a Monitoring Tool for Scale Up of High Impact Practices	890141	172
Kenya	Addressing the Sexual and Reproductive Health of Youth and Adolescents in Kenya	892038	150
Kenya	Strengthening Provision of LAPMs in Kenya	892020	119
Kenya	Capacity Building for the Division of Reproductive Health	892039	156
Kenya	Development and Evaluation of a Campaign to Increase Continuation of Hormonal Methods (Complete)	890067	84
Kenya	Effectiveness, Safety, and Acceptability of Sino-Implant (II): a Prospective Post-Marketing Study in Kenya	890076	100
Kenya	Enhanced Community-Based Family Planning in Kenya	892015	35
Kenya	Family Planning Incorporated into Microfinance Programs in Kenya	890032	67
Kenya	Feasibility of Providing Family Planning Services through Dairy Cooperatives	890059	69
Kenya	Helping Women Avoid Short Birth Intervals: Introducing LNG IUS Services in the Public Sector	890036	108
Kenya	Improved Counseling on Implants to Reduce Unintended Pregnancy (Complete)	890049	103
Kenya	Integration of Family Planning Messages and Referrals into the Green Belt Movement Program	890060	71
Kenya	Support to Develop a Costed Implementation Plan for Family Planning in Kenya	892021	134

Kenya	Technical Assistance for Research Utilization in Kenya	890136	155
Kenya	Technical Support to the NCAPD for Family Planning Advocacy and Leadership (Complete)	892013	169
Kenya	Mobile Phone Interventions for Reproductive Health (m4RH)	890019	76
Kenya	Global Research Utilization for M4RH and Mobile Technologies	892064/ 890129	78
Nigeria			
Nigeria	Expanding Community-Based Access to Injectable Contraception in Nigeria	892043	37
Nigeria	Supporting Community-Based Access to Injectables in Selected Countries	890131	31
Pakistan			
Pakistan	Prospective Study of the Clinical Performance of Femplant in Pakistan	890118	102
Rwanda			
Rwanda	Africa Bureau Support to PROGRESS and ECSA	892034	148
Rwanda	M4RH among Young People in Rwanda	892041	81
Rwanda	Assessing the Workload of Community Health Workers and Their Impact on Family Planning Uptake in Selected Districts in Rwanda	892047/ 890147	27
Rwanda	Capacity Building for Research in Rwanda	890027/ 890026	128
Rwanda	Examining the Feasibility and Acceptability of Postpartum IUCD Services	890008	49
Rwanda	Improving Access to and Uptake of Postpartum Family Planning through Enhanced Family Planning in Immunization Services	890028/ 892011	50
Rwanda	Monitoring the Scale Up of Vasectomy in Rwanda	890033	115
Rwanda	Social and Cultural Barriers to Expanded Contraceptive Use in Rwanda (Complete)	890007	90
Rwanda	Examining the Influence of Providers on Contraceptive Uptake in Rwanda	892022	45
Rwanda	Technical Assistance for Research Utilization in Rwanda	890045/ 892012	158

Senegal			
Senegal	Acceptability of Subcutaneous DMPA in Uniject	890124/ 892017	95
Senegal	Feasibility of Intramuscular (IM) Injection of DMPA by Community Health Workers and Matrones in Senegal	890134/ 892037	23
Senegal	Supporting Revitalization of Family Planning Programs in Senegal	890051/ 892016	153
Tanzania			
Tanzania	Assessing Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills	890029	61
Tanzania	Building Consensus on the Way Forward with Community-Based Distribution of Family Planning in Tanzania	892019	33
Tanzania	Capacity Building for Operations Research in Tanzania	890073	126
Tanzania	Introducing an Evidence-Based Mobile Phone Job Aid for Community-Based Family Planning	890072	42
Tanzania	Mobile Phone Interventions for Reproductive Health (m4RH)	890019	76
Tanzania	Research Utilization Technical Assistance to Tanzania	890040	151
Tanzania	m4RH Plus: Enhancements and Expansion to the m4RH Service	892036	80
Tanzania	Tanzania National Family Planning Costed Implementation Plan	892006/ 890023	132
Tanzania	Supporting the USAID/Africa Bureau Family Planning mHealth Meeting in Tanzania	890154	83
Tanzania	Support to the Tanzania Ministry of Health	TBD	173
Uganda			
Uganda	Advancing Evidence-Based Family Planning Programs and Policies in Uganda (Complete)	892018	162
Uganda	Capacity Building for Population, Health, and Environment M&E and Advocacy in Uganda	890037	74
Uganda	Capacity Building for Research Utilization in Uganda	890135	160
Uganda	Scaling Up Community-Based Family Planning in Uganda	892042	40
Uganda	Understanding Factors Associated with Retention and Performance of Volunteer Community Health Workers	890052	25
Uganda	Acceptability of Subcutaneous DMPA in Uniject	890123	93

Uganda	The Contribution of Drug Shops to Family Planning Uptake in Four Districts in Uganda	892069	63
USA			
USA	Development of LNG - Butanoate with CONRAD, 2010-2012	890069	97
USA	Meeting on Steroids and Endometrial Bleeding	890148	122
USA	Non-Invasive Approaches to Male Sterilization	890068	117
USA	Pharmacokinetic Study of DMPA SC Injected in the Upper Arm	890078	92
Zambia			
Zambia	CBD of DMPA: A Pilot Study of Child Fund Zambia's CBD Programs	890017	22
Zambia	Increasing Family Planning Uptake among Postpartum Women: Testing Supply and Demand Solutions (Complete)	890030	52
Zambia	Scale Up of Community-Based Access to Injectables in Zambia	892040	39
Zambia	Supporting Community-Based Access to Injectables in Selected Countries	890131	31
Global Technical Leadership / Worldwide			
Worldwide	Build Quality and Sustainable Research Institutions	890004	125
Worldwide	Cochrane Review Initiative, 2009-2014	890047/ 890048	143
Worldwide	Collaboration with Regional Institutes and Network	890043	146
Worldwide	Collaboration with WHO on Task Shifting including Expert Consultation	890010	138
Worldwide	Collaborative Research on Implants	890116	105
Worldwide	Development of Guidelines for Contraceptive Users (CIRE)	890053/ 890120	140
Worldwide	Expanding Community-Based Family Planning: Global Guidance and Technical Assistance	890080	28
Worldwide	Family Planning Training Resource Package (and the Injectables for Community Health Workers Module) (Complete)	890041	175
Worldwide	Global Research Utilization for M4RH and Mobile Technologies	890129	78
Worldwide	MCH & FP Integration: Immunization & Other Postpartum Opportunities	890081	58

Worldwide	Monitoring and Evaluation of the PROGRESS Project	890006	176
Worldwide	Population & Reproductive Health Leadership	890115	178
Worldwide	Support to Meridian to Engage the Private Sector in Family Planning and Women's Health	890143	86
Worldwide	Utilization of Best Practices	890003	136
Worldwide	Acceptability of Different Brands of DMPA	TBD	100
Worldwide	Research and Advocacy in Support of Expanding Family Planning Provision Through Drug Shops	890155	64

Highlights of Accomplishments

PROGRESS has seen a number of achievements in Year 4. Some of these have been widely disseminated and are well-known by PROGRESS's partners, but other notable achievements have been less widely discussed and disseminated. Below is a selection of PROGRESS's well-known and lesser-known achievements from Year 4.

PROGRESS Work Featured in London Family Planning Summit

Keynote addresses by several country presidents and global leaders mentioned activities from FHI 360's PROGRESS project, either specifically or by type of activity highlighted. The Costed Implementation Program in Tanzania was one of several key PROGRESS-supported tools and practices that were noted at the London Summit on Family Planning as next steps to increase contraceptive access among women in the developing world. "What is required of us is to ensure that the National Family Planning Costed Implementation Program is implemented fully," Tanzanian President Jakaya Kikwete told participants of the summit. Hosted on July 11, 2012, by the UK Government and the Bill & Melinda Gates Foundation, the Summit raised $4.6 billion in pledges to give 120 million more women access to contraceptives by 2020. Representatives from governments, the private sector and donors were among those in attendance. Other PROGRESS-related addresses included Kenya's New Policy and Plan to Increase Contraceptive Prevalence; Rwanda's Community-Based Family Planning and Long-Term Methods; and Senegal's Depo-SubQ in Uniject. (various FCOs)

Postpartum Family Planning: New Research Findings and Programmatic Action

On July 19, 2012, at a meeting in Washington, DC, the PROGRESS project presented findings from its research studies on topics related to postpartum family planning. The meeting offered an opportunity for partner agencies, including USAID and the World Health Organization, to discuss how these findings might contribute to expanding access to family planning information and services in the postpartum period. Dr. Scott Radloff, Director of the USAID Office of Population and Reproductive Health, opened the meeting. "We see postpartum family planning as one of our most important program areas," he said. "On the continuum of care, postpartum family planning may be the biggest missed opportunity in front of us." A meeting report will be available soon. (FCO 890081 and study FCOs)

Accredited Social Health Activists Deliver Contraceptives to Households in India

In a pilot initiative by the government of India, locally recruited accredited social health activists (ASHAs) have been delivering contraceptives directly to households in their communities. A PROGRESS-supported evaluation in six of the 17 pilot states suggests that the scheme is acceptable to both ASHAs, who receive nominal payment for delivering the contraceptives, and their clients. About 86 percent of 92 ASHAs thought the scheme would have long-term success, and about 75 percent of 458 female clients said they were completely satisfied with the new scheme. The Ministry of Health and Family Welfare, who requested the evaluation, is planning to expand the new scheme to more states, but only after addressing operational issues and reviewing the recommendations provided by the evaluators. A report will be developed in Year 5. (FCO 892050)

Assessment of Contraceptive Insertions and Removals in Rwanda
A one-year retrospective review of service statistics found low rates of removal for implants and intrauterine devices (IUDs) in Rwanda. Among contraceptive users from 57 health facilities in five districts, 3.4 percent of nearly 9,000 continuing implant users (i.e., those who were using the method when the study started) and 4.2 percent of nearly 1,000 continuing IUD users had their devices removed during the review period. Results also showed increases in new users that seemed to correspond with provider trainings and supportive supervision visits. During the one-year, more than 2,000 implants and more than 500 IUDs were inserted. With technical support from PROGRESS and several other organizations, the review was conducted by the Family Planning Technical Working Group at the request of the Ministry of Health. (FCO 890045)

Development of Global Recommendations on Task Shifting
On June 26, 2012, the World Health Organization (WHO) convened a family planning technical consultation in Geneva to make recommendations for task shifting in family planning. Dr. Maggwa Ndugga and Dr. John Stanback from PROGRESS were among those in attendance. The recommendations will be part of a larger WHO guidance document called Optimizing Health Workers' Roles to Improve Maternal and Newborn Health. The task-shifting guidance on family planning is one of about 15 areas in the draft document, which is still under final review by WHO. Representatives at the family planning technical consultation were from USAID, the United Nations Population Fund (UNFPA), FHI 360, Population Council, IntraHealth, Jhpiego, and others. (FCO 890115, 890010)

New Family Planning e-forum Launched in India
In April 2012, FHI 360 launched the India Family Planning e-Forum (India e-FP), which aims to strengthen family planning policies and programs by engaging in dialogue and sharing evidence on pressing family planning topics in India. As of August, five forums have occurred, covering the topics of strengthening the quality of care in family planning; the future of injectable contraception in India; healthy timing and spacing of pregnancy; male involvement in FP; and making the case for new contraceptives in India. It provides easy access to focused and credible FP information and resources in one location and offers policymakers, program managers, practitioners, organizational leaders, researchers, advocates and others a network to engage with experts on contemporary FP issues. India e-FP will run as a six-month pilot. FHI 360 will then consult with stakeholders on the way forward. To date, 175 people have registered with India e-FP. (FCO 890042)

PROGRESS Helps Ethiopia FMOH Create Method-Specific Reporting
Subsequent to PROGRESS advocacy, the Federal Ministry of Health (FMOH) in Ethiopia has adjusted its FP indicators in the HMIS to include method-specific reporting. The previous system included only composite indicator reporting. As a result of PROGRESS' and other partners' work with the FMOH on capacity building for data use, the FMOH has decided to revise FP reporting forms to capture method-specific information. Additionally, the M&E Center of Excellence in the Becho woreda, established by PROGRESS, has a system in place to capture method-specific information and may be used as a model on how to roll out method-specific reporting. (FCO 892001)

Pregnancy Study Results Included as USAID Contraceptive Pearl
Study results from a PROGRESS activity, published in the journal *Contraception*, was the topic of one of Jim Shelton's USAID Global Health Pearls: "Contraceptive Implants for Young Women." Dr. Shelton used the study results to answer the question: "Contraceptive implants are becoming very popular in our program here, but we are especially concerned about unintended pregnancy among young women. Do you think they are suitable and popular for young women?" The study concluded that many young Kenyan women found implants to be a reasonable alternative to short-acting methods. (FCO 890049)

Year 4 PROGRESS Publications

With at least partial support from PROGRESS, 43 publications were completed in Year 4. Eleven of these were journal articles, some of which were written by non-FHI 360 staff under subawards from PROGRESS. Also included in this list are briefs and reports that summarize PROGRESS-supported activities and Ministry of Health documents that were supported by PROGRESS.

1. Schweinsberger GR, Cilip CM, Trammell SR, Cherukuri H, Fried NM. Noninvasive laser coagulation of the human vas deferens: optical and thermal simulations. Lasers in surgery and medicine. 2011 Jul.43(5):443-9. http://www.ncbi.nlm.nih.gov/pubmed/21674549; http://onlinelibrary.wiley.com/doi/10.1002/lsm.21057/abstract (FCO 890068)

2. Tanzania Ministry of Health and Social Welfare Reproductive and Child Health Section. National family planning training curriculum. Module 1: Short-acting family planning methods. 2011. (FCO 890040)

3. Tanzania Ministry of Health and Social Welfare Reproductive and Child Health Section. National family planning procedure manual. 2011. (FCO 890040)

4. FHI 360. Scaling up community-based distribution of injectable contraception: case studies from Madagascar and Uganda. 2011. (FCO 890080)

5. East Central and Southern Africa Health Community. Expanding access to family planning services at the community level: report of findings from a regional assessment. 2011. (FCO 890043)

6. Kenya Ministry of Public Health and Sanitation. Family planning/long acting and permanent methods (FP/LAPM) training plan 2011-2016. 2011. (FCO 892020)

7. Hubacher D, Olawo A, Manduku C, Kiarie J. Factors associated with uptake of subdermal contraceptive implants in a young Kenyan population. Contraception. 2011 Oct.84(4):413-7. Epub 2011/09/17. http://www.ncbi.nlm.nih.gov/pubmed/21920198 (FCO 890049)

8. Tanzania Ministry of Health. Engaging champions to reposition family planning: a practical guide for advocacy and promotion of family planning in Tanzania. (Only available in Kishwahili). 2011. (FCO 890040)

9. FHI 360. Kenya ministry of health project supports greater access to contraception. Community-based workers provide injectables safely, effectively. 2011. (FCO 890131)

10. FHI 360. Community-based health workers in Nigeria can safely and effectively administer injectable contraceptives. 2011. (FCOs 890131, 892043)

11. Republic of Rwanda Ministry of Health. Rapid assessment of adolescent sexual reproductive health programs, services and policy issues in Rwanda. 2011. (FCOs 892028, 892034)

12. FHI 360. Expanding Contraceptive Use in Rwanda - Research Brief Summary (French & English). 2011. (FCO 890007)

13. FHI 360, Rwanda Ministry of Health. Rwanda takes no-scalpel vasectomy training nationwide. 2011. (FCO 890033)

14. FHI 360. Mobile 4 reproductive health (m4RH). [Booklet] 2011. (FCO 890019)

15. FHI 360. Costed implementation program: innovative approach in Tanzania helps revitalize family planning programs. 2011. (FCO 892006)

16. East Central and Southern Africa Health Community, Malawi Ministry of Health. Expanding access to family planning services at the community level: Malawi assessment. 2011. (FCOs 890043, 892028)

17. East Central and Southern Africa Health Community, Uganda Ministry of Health. Expanding access to family planning services at the community level: Uganda assessment. 2011. (FCOs 890043, 892028)

18. East Central and Southern Africa Health Community, Zimbabwe Ministry of Health and Child Welfare. Expanding access to family planning services at the community level: Zimbabwe assessment. 2011. (FCOs 890043, 892028)

19. East Central and Southern Africa Health Community, Lesotho Ministry of Health and Social Welfare. Expanding access to family planning services at the community level: Lesotho assessment. 2011. (FCOs 890043, 892028)

20. FHI 360, Kenya Ministry of Health. Adolescent and youth sexual and reproductive health: taking stock in Kenya. 2011. (FCO 892028)

21. Sutherland EG, Otterness C, Janowitz B. What happens to contraceptive use after injectables are introduced? An analysis of 13 countries. International perspectives on sexual and reproductive health. 2011 Dec.37(4):202-8. http://www.ncbi.nlm.nih.gov/pubmed/22227627 (FCO 890115)

22. FHI 360, Zambia Ministry of Health, ChildFund Zambia. Expanding community based access to injectable contraception: results of a pilot study in Zambia. 2011. (FCO 890017)

23. Greene E, Stanback J. Old barriers need not apply: opening doors for new contraceptives in the developing world. Contraception. 2012 Jan.85(1):11-4. http://www.ncbi.nlm.nih.gov/pubmed/22067795 (FCO 890115)

24. a. FHI 360. The Invest-FP Calculator: frequently asked questions. 2012. (FCO 890080)

    b. FHI 360. The Invest-FP Calculator: A user's guide. 2012. (FCO 890080)

    c. FHI 360. The invest-FP Calculator: a planning tool for expanded access to family planning. 2012. (FCO 890080)

25. FHI 360. Women's ability to self-screen for COCs compared to a nurse's assessment: drug shops in rural and peri-urban Tanzania. 2012. (FCO 890029)

26. FHI 360. Feasibility of providing family planning services through an agricultural cooperative field day: lessons from Rural Kenya. 2012. (FCO 890059)

27. FHI 360, Ministry of Public Health and Sanitation (MoPHS)-Division of Reproductive Health (DRH). Community-based family planning: Kenya assessment. 2012. (FCO 892015)

28. FHI 360. Building a stronger medical research institute in Tanzania. 2012. (FCO 890073)

29. FHI 360. Introduction of the intrauterine contraceptive device 375 in India: positive assessment findings help guide national scale up. 2012. (FCO 892002)

30. FHI 360. Assessing the quality of integrating family planning services into the immunization program in Jharkhand: Report for the Government of Jharkhand from FHI 360/PROGRESS. 2012. (FCO 892008)

31. Janowitz B, Stanback J, Boyer B. Task sharing in family planning (commentary). Studies in family planning. 2012 Mar.1(43):57-62. http://onlinelibrary.wil...8-4465.2012.00302.x/pdf (FCO 890115)

32. Federal Democratic Republic of Ethiopia Ministry of Health. Implanon insertion training evaluation report. 2011. (FCO 892001)

33. Federal Democratic Republic of Ethiopia Ministry of Health. Implanon and other family planning methods: uptake in a sample of focus woredas (July '09 - Dec '10). 2011. (FCO 892001)

34. FHI 360. Integrating family planning into immunization services in India: assessment provides recommendations for addressing unmet needs of postpartum women. 2012. (FCOs 892014, 892008)

35. Hubacher D, Olawo A, Manduku C, Kiarie J, Chen PL. Preventing unintended pregnancy among young women in Kenya: prospective cohort study to offer contraceptive implants. Contraception. 2012 May 25. http://www.ncbi.nlm.nih.gov/pubmed/22633247 (FCO 890049)

36. Kenya Division of Reproductive Health (DRH) Ministry of Public Health and Sanitation. National Family Planning Costed Implementation Plan: 2012-2016. 2012. (FCOs 890042, 890097)

37. Federal Democratic Republic of Ethiopia Ministry of Health. Situation Analysis of Family Planning in Ethiopia. 2012 April. (FCO 892001)

38. Republic of Rwanda Ministry of Health - Department of Maternal and Child Health Community Health Desk. Introducing Community-Based Provision of Family Planning Services in Rwanda: A Process Evaluation of the First Six Months of Implementation. 2011 December. (FCO 892047)

39. Cilip CM, Pierorazio PM, Ross AE, Allaf ME, Fried NM. High-frequency ultrasound imaging of noninvasive laser coagulation of the canine vas deferens. Lasers in surgery and medicine. 2011 Sep.43(8):838-42. (FCO 890068)

40. Cilip CM, Allaf ME, Fried NM. Application of optical coherence tomography and high-frequency ultrasound imaging during noninvasive laser vasectomy. Journal of biomedical optics. 2012 Apr.17(4):046006. (FCO 890068)

41. Van Vliet HA, Raps M, Lopez LM, Helmerhorst FM. Quadriphasic versus monophasic oral contraceptives for contraception. Cochrane database of systematic reviews (Online). 2011 (11):CD009038. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009038.pub2/abstract (FCO 890047, 890048, and PTA)

42. Brahmi D, Steenland MW, Renner RM, Gaffield ME, Curtis KM. Pregnancy outcomes with an IUD in situ: a systematic review. Contraception. 2012 Feb.85(2):131-9. http://www.ncbi.nlm.nih.gov/pubmed/22067777 (FCO 890120, 890054, 890053, and PTA)

43. Haddad LB, Curtis KM, Legardy-Williams JK, Cwiak C, Jamieson DJ. Contraception for individuals with sickle cell disease: a systematic review of the literature. Contraception. 2012 Jun.85(6):527-37. http://www.ncbi.nlm.nih.gov/pubmed/22152587 (FCO 890120, 890053, and PTA)

In addition, issues 4 and 5 of our periodic e-newsletter, *Works in PROGRESS*, were disseminated. There are now eight country-level pages and seven global technical leadership level pages on the PROGRESS website.

Legacy Area 1

Maximize Human Resources through Task-Shifting and Addressing Medical Barriers

The focus on task-shifting within the PROGRESS project is evident in the breadth of activities in Legacy Area 1. The section on Legacy Area 1 starts with Zambia and Senegal country-specific studies piloting community-based access to injectables. The next group of activities, in Rwanda and Uganda, focuses on the providers who are affected by task-shifting. Research utilization activities area also included in this section, including one global activity, one regional, and five field support-funded activities in five countries. The section ends with a field support activity in India to assess contraceptive provision by ASHAs "at the doorstep" and a study in Rwanda on the potential influence of providers on non-use of family planning.

CBD of DMPA: A Pilot Study of Child Fund Zambia's CBD Programs

Status: Ongoing *Projected End Date: 9/30/2012*

Country(s): Zambia

FCO	Approved	C&G Closure	Tech Monitor
890098	6/4/2010	5/31/2012	MMwale
890055	8/11/2009	6/30/2011	DChin-Quee
890017	2/4/2009		DChin-Quee

Objective(s): 1) To assess the impact, feasibility, safety, acceptability and client satisfaction with community-based distribution (CBD) of DMPA in Zambia; and 2) to document and evaluate the potential costs of introducing community-based distribution of DMPA.

Description: To improve the method mix and preserve access to contraception for women in rural Mumbwa and Luangwa, FHI 360 worked with ChildFund Zambia (formerly Christian Children's Fund) to add injectable contraception to the pills and condoms that CBD agents already provided. A subset of 40 ChildFund Zambia's CBD agents were selected to undergo training in safe injectable provision--and their clients were followed for 12 months--to assess impact, feasibility, safety, acceptability, and client satisfaction with community-based DMPA services. In addition, the costs of introducing DMPA to the CBD program were determined to inform discussions and decisions about scale-up of CBD provision of DMPA, not only by ChildFund Zambia but also by other key Zambian NGOs.

Subgrantee(s): ChildFund International

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Following an MOH request for pilot research on CBD of DMPA, Stanback began discussions with Christian Children's Fund (now ChildFund) in July 2008.
- In April 2009, Chin-Quee and Dreisbach (RU partner) initiated planning for a stakeholder meeting in Lusaka which was held in July 2009.
- The protocol was approved by USAID/W in Sept. and the local IRB in Nov. 2009.
- FHI 360 and ChildFund Zambia developed a draft training curriculum (M2009-57) for this pilot.
- Chin-Quee and Dreisbach traveled to Lusaka to conduct a training of trainers (TOT) in Nov. and orient the Study Coordinator.
- In Dec. 2009 and Jan. 2010, 40 CBD agents from Mumbwa and Luangwa, respectively, underwent classroom training, a 2-week clinical practicum on DMPA provision, and were presented to their respective communities as trained providers who can safely administer DMPA.
- In August 2010, Dreisbach presented results at the conference of the Eastern, Central and Southern African College of Nursing (ECSACON) in Lusaka (also funded under FCO 890080).
- In Nov. 2010, Chin-Quee trained interviewers to conduct the last set of interviews in Luangwa and Mumbwa. Data collection began in Nov. and was completed in Feb 2011.
- The RU partner worked with ChildFund and FHI 360/Zambia to collect costing data on a quarterly basis.
- On May 31, 2011, preliminary findings on feasibility, acceptability, and safety of CBD provision of injectable contraceptives were presented to key MOH officials (including the Director of Public Health) and stakeholders from UNFPA, ChildFund, and the FPTWG. As a result, trained CBD agents were given permission to continue provision of DMPA, and the MOH began planning phased scale up of the program.

- In October 2011, the final dissemination of study results was delivered to the MOH and other stakeholders and at the 6th National Health Research Conference in Lusaka. In November, the study results were presented at the 2nd International Conference on Family Planning in Dakar, Senegal.
- A final report was sent to colleagues at ChildFund and the Zambian MOH for review and feedback at the end of November 2011 (M2011-30).

Past Six Months:
- After receiving feedback on the final report, it was produced and disseminated in Zambia in February 2012.
- The FCO for the country office (890098) was closed in May 2012 and local efforts switched to scaling up CBA2I under the Field Support-funded FCO 892040.

Year 5 Workplan:
- An article for publication will be written and submitted to a peer-reviewed journal by September 2012.

Findings and Outcomes:
- The presentation of preliminary results on feasibility, acceptability, and safety resulted in a major recommendation from the TWG members that provision of DMPA in the pilot sites should continue uninterrupted. It was also recommended that phased scale up be undertaken under the guidance of the TWG depending on availability of resources to support the scale up. This would enable various improvements to be made as the intervention moves from the intensive pilot phase to a more programmatic setting. Technical assistance to advance the recommendations of the meeting will be provided under FCO 890131 and FCO 892040.
- Additional study results on impact showed increased uptake in DMPA among CBD clients, which included switching from condoms and pills to injectables, as well as switching from clinic-based to CBD provision of DMPA. The costing component of the study showed that it cost $24,322—adjusted for the 1-year period of the study--to add DMPA to the existing FP activities of the 40 trained CBD agents. Based on this figure and the number of CBD clients who used DMPA during the study period, it would cost anywhere from $11.03 to $61.89 to protect a couple from pregnancy for one year. The more conservative figure of $61.89 per year is cheaper than the cost for antenatal care, estimated at $120 per woman. Further, with more CBD agents trained to provide DMPA and more clients accepting CBD provision of DMPA, the costs per couple year of protection (CYP) from pregnancy would be even lower.

Feasibility of Intramuscular (IM) Injection of DMPA by Community Health Workers and Matrones in Senegal

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Senegal

FCO	Approved	C&G Closure	Tech Monitor
892037	7/1/2011		BSow
890137	6/10/2011		BSow
890134	4/27/2011		TOrr

Objective(s): The study aims to assess the feasibility and acceptability of provision of intramuscular (IM) DMPA by two cadres of health workers based at community health huts in Senegal. Specifically, the objectives are: 1) to assess the competency of matrones and community health workers (CHWs) in health huts to offer DMPA IM; 2) to assess the matrone and CHW experience with training and supervision; 3) to document the reinjection rates at 3 months and the reasons why clients accept or decline reinjections

from the matrones and CHWs; 4) to evaluate the increase in number of FP users and DMPA IM users in the community once matrones and CHWs are trained; 5) to assess the acceptability of CBD of DMPA IM among clinic-based providers/supervisors, district-level authorities, and community members (including direct--husbands/partners—and indirect—other community members—beneficiaries); 6) to assess logistical arrangements for the implementation of CBD of DMPA IM.

Description: Given the low CPR (12%) and high unmet need for family planning (32%) in Senegal, the government is interested in increasing access to FP via the existing network of CHWs and matrones at health huts. Between 2008 and 2010, they piloted the initial distribution of pills via matrones. After positive results of the assessment of this pilot project, the government agreed to approve CBD of pills and injectables by matrones and CHWs. However, the distribution of injectables is contingent upon a feasibility study demonstrating their ability to safely provide injections. PROGRESS will work with a local research organization, CEFOREP, and the Reproductive Health Division (DSR) to conduct this study. ChildFund and the DSR will implement the intervention. The study will take place in three districts in three regions of the country and will include both quantitative and qualitative data collection. All matrones and CHWs (approximately 90) will be interviewed after one month, with a follow-up survey conducted at 4 months with half of the matrones and CHWs and 8 months with the other half. Repeated cross-sectional surveys will be conducted with clients at 1, 4 and 8 months (approximately 300 in total). The study will also involve in-depth interviews with a sample of facility-based providers/supervisors and with district-level staff at 1 and 8 months (approximately 24 and 9 respectively at each collection point), and focus group discussions with community beneficiaries (approximately 120) at 8 months. Results are expected to lead towards DSR permission for expansion of CBD of DMPA IM throughout the country. In addition, Senegal's experience will be shared with other West African countries that have been reticent to adopt CBD of DMPA IM.

Subgrantee(s): CEFOREP

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- An FCO was opened in April 2011, using funds from the Repositioning FP Champion at USAID/Washington.
- A series of discussions were held with the DSR, FHI 360 and ChildFund to prepare a protocol, including during a trip by J. Stanback in May 2011. Protocol adaptations to meet stakeholder needs continued via discussions through June 2011. A preliminary draft of the protocol was prepared in May 2011.
- Draft informed consent forms were developed in June 2011.
- The DSR updated reproductive health standards and procedures to allow matrons and CHW to provide DMPA IM services in anticipation of implementing this study and to support future expansion.
- The protocol and data collection forms were reviewed by PHSC in October and the local IRB in November 2011.
- USAID approved the protocol in November 2011.
- In December 2011, a subagreement was established with CEFOREP for data collection, analysis, and report writing.
- T. Orr and T. Zan traveled to Senegal in December 2011 to provide technical assistance to prepare for implementation.
- A subgroup of the Technical Committee in Senegal, Groupe de Restreint, was established in December 2011 to provide oversight for the study and support implementation. This subgroup includes DSR, ChildFund, FHI 360, CEFOREP, Intrahealth and USAID.
- A training curriculum for trainers and matrones and CHWs was drafted by ChildFund and the DSR in December 2011. It was based on existing FHI 360 materials.

Past Six Months:

- FHI 360 provided feedback on the training curriculum in January 2012.
- Data collection tools were tested and validated in January.
- Data collection forms underwent multiple revisions with CEFOREP and were finalized in May 2012.

- Orientation meetings were held in February and March at both the regional (Kaolack, Thiès and Fatick) and district levels (Nioro, Joal and Dioffior) for MOH staff including the matron/CHW supervisors and other stakeholders to inform them about the study, discuss their role in implementation, build their capacity to support service delivery, and answer questions.
- CEFOREP drafted a data analysis and trained data collectors in June 2012.
- Between late May and June 2012, the matrones and CHWs participated in a 3-stage training involving (1) a 3-day theoretical training including injection practice on fruits; (2) a 4-day practicum-focused training in a district FP center where the trainees completed 10 supervised DMPA IM injections with clients; (3) and finally provision of DMPA IM with three clients observed at the hut by a supervisor.

Year 5 Workplan:
- The data collection forms (domains only) will be translated into English and submitted to PHSC in July 2012.
- The matrons and CHWs will begin service delivery in July and the first round of data collection will be conducted in August 2012.
- Data collection will continue for 8 months and will be completed in February 2013. Data cleaning and analysis activities will begin in parallel to data collection activities.
- FHI 360 will provide support to the DSR and ChildFund to document pilot implementation and costs using the Intervention Tracking Tool.
- Comprehensive results will be written up in a final report and presented at a dissemination meeting by March 2013.
- Stakeholders supporting the pilot will host a group of West Africa francophone participants to visit study sites in March 2013. The study tour will be primarily funded through FHI 360's World Learning award (FCO 996231).
- Plans for scale-up will be discussed and an article for publication will be written and submitted for a peer-reviewed journal.

Understanding Factors Associated with Retention and Performance of Volunteer Community Health Workers

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
890106	6/3/2010		AAkol
890052	8/3/2009		ABrunie

Objective(s): 1) To examine community health workers' (CHWs) individual, community, and work-related factors associated with family planning (FP) client loads (productivity) and retention; 2) To describe and quantify the relative importance of specified program components from CHWs' perspectives; and 3) To explore and document factors explaining CHW motivation, FP client loads, and continuation on the job in specified contexts.

Note: Objectives were revised in December 2009 from the original Workplan concept and again in April 2010 after key informants interviews were conducted to ensure broader relevance of the study. Objectives were finalized in consultation with USAID in July 2010.

Description: Little evidence is available on the factors contributing to varying levels of productivity and retention of CHWs within and across programs and on the relative importance of these factors. This study aims to produce information to support the development of effective strategies. Mixed methods will be

used: a survey with 195 CHWs from three programs covering seven districts in Uganda, and 36 in-depth interviews with a separate sample of active CHWs in three districts. Approximately 10 in-depth interviews will be conducted with former CHWs who have dropped out in two districts. Data from rapid assessment surveys already conducted in two of the three programs will be exploited.
The survey will be used for quantitative assessment of the factors associated with FP client loads. The questionnaire will incorporate a discrete choice experiment (DCE) that will serve to investigate CHWs' preference structure for specified program components. A stakeholder meeting will serve to support the design of the DCE and mobilize partners.
Retention outcome data will be obtained from program records. Data from the rapid assessment surveys will supply information on CHWs and program components for analysis.
Parallel qualitative work with active CHWs will enhance understanding of the value attached by CHWs to programmatic elements, and provide richer contextual information on the factors behind CHWs' motivation and capacity for achieving optimal productivity. In-depth interviews with former CHWs will elucidate the reasons why they left the program.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- The concept paper for the study was developed and submitted to USAID on December 14, 2009.
- A reconnaissance trip was made to Uganda in January 2010.
- The literature review was completed by March 2010.
- Key informant interviews with managers from a range of organizations working with CHWs were conducted to ensure broader relevance of the study in March and April 2010.
- The study protocol was approved in September 2010; informed consent forms and data collection instruments were developed and approved in October 2010.
- PHSC approval was received in October 2010.
- A stakeholder meeting was held during a trip to Kampala in October 2010. Input received during the meeting served to finalize the DCE instrument.
- Detailed information on each of the three programs and the number of CHWs per program was obtained and a sampling frame developed in November 2010.
- IRB approval was obtained in April and clearance from the Ugandan President's Office in June 2011.
- Due to delays in obtaining in-country approvals, the sampling frame was updated in May 2011.
- Travel restrictions related to national elections through March 2011 also delayed implementation.
- A trip was made to Kampala in May 2011 to train data collectors, pre-test data collection instruments, and plan for data collection activities.
- Data were collected in July and August 2011.
- Some participants complained about increased travel costs, and there was a protocol violation related to participant reimbursement. The violation was reported to PHSC and UNCST in September 2011.
- Survey data entry was completed in October 2011, and transcription and translation of in-depth interviews took place in November.
- The data analysis plan was approved in December 2011.

Past Six Months:

- Survey and record data cleaning were completed in February 2012.
- Coding of in-depth interview data was completed in February. Thematic memos were developed between March and May. An Excel matrix was developed in June 2012 to highlight key themes and support final stages of the qualitative analysis.
- During data cleaning, the study team realized that record data were missing for a significant proportion of participants. This is problematic because record data provide the basis for calculating the primary outcome (productivity). Program managers were contacted in May and June to obtain the data.
- Univariate descriptive analyses of the survey data were completed in June 2012.
- The survey included a discrete choice experiment (DCE). Analysis of DCE data involved advanced techniques, and it was decided to hire a consultant to support this step. A consultant was identified in May 2012. A consultant agreement was prepared and submitted for review and approval in June 2012.

Year 5 Workplan:

- Upon approval of the consultant agreement, the analysis of DCE data will be completed, tentatively by the end of July 2012.
- Bivariate and multivariate analyses of survey data will be completed by August 2012.
- Final stages of qualitative data analysis will be completed by August 2012.
- Qualitative and quantitative findings will be compared and synthesized by the end of September 2012.
- A trip will be made to Uganda to disseminate results and solidify recommendations in late September or October 2012.
- A research brief and publications will be drafted by December 2012.

Assessing the Workload of Community Health Workers and Their Impact on Family Planning Uptake in Selected Districts in Rwanda

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890147	11/10/2011		DChinQuee
892047	10/5/2011		JWesson
890075	12/22/2009	11/30/2011	DChinQuee

Objective(s): To determine to what extent community health workers (CHWs) have integrated family planning into their work loads, and the potential for adding or increasing family planning services in their work.

Note: FCO 890075 represents costs incurred under the original study protocol planned for implementation in Kenya. This FCO was closed when the study was moved to Rwanda and a new protocol was developed. FCO 890147 represents costs for the study ongoing in Rwanda.

Description: Many governments and development partners see CHWs as a solution to human resource challenges in the health care system. CHWs, who are usually employed by the Ministry of Health, often have a year of health training and a secondary school education, which sets them apart from volunteer CBD agents. In some countries, CHWs already provide re-supply methods and refer women for long- and short-term family planning, while other countries have not yet added FP to their work load. One concern with asking CHWs to provide or to increase their provision of FP is that they may be too busy providing other health services in clinics or in the community. Data on how busy these CHWs are, what skills they may have or need, and how they are employed and remunerated are scanty or lacking. A better understanding of how task shifting will affect health care services in clinics is also needed. PROGRESS will conduct this assessment in Rwanda. We will ascertain the following: 1) number, type and length of CHW contacts made in a typical day; 2) services provided during these contacts; 3) length of time that CHWs spend working including time spent with clients and travel time; and 4) FP uptake in districts where CHWs have been trained to provide FP services (intervention) compared to districts where CHWs have not yet been trained in this area. We will consider a combination of data collection methods, including participant diaries, standardized interviews, and service statistics.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FCO 890075 was assigned to this subproject in December 2009.
- The concept paper was approved by USAID/W in January 2010.
- A study protocol was nearly finalized; however, the study was then put on hold pending availability of funds.
- In April 2011, the study was relocated to Rwanda, as the study objectives were not in line with the community health strategy in Kenya. A new technical monitor, D. Chin-Quee, was assigned.
- Chin-Quee traveled to Kigali in June 2011 and met with officials at the Ministry of Health where she presented the study concept. The concept was approved with the request that another objective be added to the study: a measurement of the difference in FP uptake between CHWs trained to provide FP services and their counterparts who have not been trained in FP.
- Requests were submitted to the Ministry of Health for site selection and demographic information on practicing CHWs in selected districts, as well as service statistics on family planning provision in those districts.
- The information was used to develop the first draft of the protocol, which was sent to USAID for early approval in November 2011. In-house review of the protocol took place in November as well.
- A second draft of the protocol was submitted in December 2011.

Past Six Months:

- The protocol and data collection instruments were finalized and approved by PHSC in January 2012. Approval from the local Rwandan IRB was received in March 2012.
- Chin-Quee and L. Wynne (RU partner) travelled to Kigali in April 2012 to implement the study and oversee training of data collectors and pilot testing of study materials. Data collection began in May 2012.
- In June, the data analysis plan was finalized and submitted for in-house review.

Year 5 Workplan:

- Data collection will continue through July 2012, with concurrent data entry happening in-country.
- In August, datasets will be finalized and cleaning will take place collaboratively between the NC and Rwanda offices.
- Data analyses will begin in September 2012.
- A research brief of study findings will be completed in January 2013.
- A dissemination workshop will be scheduled for January 2013 in Kigali.
- A manuscript for publication in a peer-reviewed journal will be submitted by March 2013.

Expanding Community-Based Family Planning: Global Guidance and Technical Assistance

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Africa Regional, Worldwide

FCO	Approved	C&G Closure	Tech Monitor
996231	4/19/2012		TOrr
890080	1/13/2010		KKrueger

Objective(s): 1) To provide global technical leadership (GTL) on community-based family planning (CBFP); and 2) to facilitate institutionalization and scale up of best practices for strengthening community-based family planning and expanding access to a broader range of contraceptive methods at the community level, including injectables (CBA2I) at the global, regional, and country levels.

Note: Objectives were revised in July 2010 to focus more broadly on CBFP.

Description: This activity supports work to expand access to FP at the community level, focusing on topics included in the USAID "high-impact practices" list: injectables, pharmacies/drug shops, and possibly LAPMs. The lessons learned through the CRTU in promoting CBA2I provide an important springboard for promoting greater access to injectables and other methods through CBFP systems. One goal for this activity is to have CBA2I mainstreamed into FP programs in a supportive and well-resourced policy and programmatic environment. We can expand lessons learned in mainstreaming CBA2I to other methods.
GTL activities will focus on increasing knowledge of CBFP evidence, focusing first on CBA2I and then possibly on pharmacies/drug shops, LAPMs, systems as appropriate. Activities include synthesizing evidence and programmatic experience; incorporating lessons learned into tools and programs; leadership in communities of practice; and building the capacity of organizations and individuals to advocate for, implement, and evaluate CBFP.
Work in the CBFP arena will leverage FHI 360's collaboration with the East, Central and Southern African Health Community (ECSA). PROGRESS and ECSA are working toward a common goal of increasing CBFP by advocating for task-shifting. This activity will contribute to supporting countries as they implement CBA2I workplans and as they seek to expand CBFP (see also FCO 890043).
Country-level activities are comprised of technical assistance (TA) to in-country partners to help initiate and strengthen efforts to introduce and scale up CBFP activities, focusing initially on CBA2I and then other CBFP approaches. Priority TA will go to countries in which PROGRESS has dedicated RU funds and select ECSA member countries. Depending on country needs and resources, support will be provided at one of three levels - from virtual TA to support for implementation.

Collaborating Agency(s): East, Central and Southern African Health Community (ECSA); Federal Ministry of Health (FMOH), Nigeria; Ministry of Health, Kenya; Ministry of Health, Uganda; PATH

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- For additional activities prior to July 2011, see previous annual reports.
- TA was provided for/to: 1) a new section of the 2011 electronic WHO Global FP Handbook, entitled, "Delivering injectable contraception in the community"; 2) PATH on country identification for a qualitative assessment on self-injection; 3) USAID on an evidence brief entitled "Community Health Workers: Bringing family planning services to where people live & work"; 4) an article titled, "FP at Community Level Saves Lives of Women in Zambia & Uganda," for USAID's Day of 7 Billion; and 5) K4Health to review guidance related to HIV risk for DMPA users; and 6) the Millennium Villages Project to discuss implementing CBA2I.
- In Sept and Oct 2011, TA was provided to USAID for the first 3 communications to the CBA2I Global Advocates listserv, which reached approximately 160 recipients in 26 countries.
- "Scaling Up Community-Based Distribution of Injectable Contraception: Case Studies from Madagascar & Uganda" (M2011-50) was finalized & added to the CBA2I Toolkit. FHI 360 country offices were targeted for CBA2I Toolkit promotion.
- Input was provided to efforts to address negative media regarding the Heffron, et. al. study. At USAID's request, views from in-country staff were collected & summarized on the Global Advocates listserv. The team also worked with the IYWG staff to post a thought-piece on the IYWG blog.
- The Nigeria, Zambia, and Kenya Invest-FP Calculators were finalized. A user guide, FAQ, & 2-page brief were produced and added to the Toolkit.
- At the 2011 International Conference on Family Planning (ICFP) in Dakar, staff 1) presented the Invest-FP Calculator as part of a panel; 2) facilitated a roundtable on scale up on CBFP; 3) presented the CBA2I advocacy film; 4) chaired a panel on scaling up CBA2I; 5) met with existing & potential partners to facilitate collaboration at the organizational level; and 6) facilitated a session on CBFP/CBA2I at the PROGRESS Mgmt Review.
- A workplan was written on building the capacity of regional training centers in sub-Saharan Africa for providing TA on CBFP and CBA2I.

Past Six Months:

- TA was provided for/to: 1) the Bixby Center for Population, Health & Sustainability-UC Berkeley School of Public Health; 2) WHO for development of a document entitled, "WHO Guidelines for Task Sharing & Family Planning; 3) International Rescue Committee (IRC)/Liberia to support a CBA2I demonstration project; 4) the Health Policy Project to add the Invest-FP Calculator to the Family Planning Crosswalk guide.
- Staff met with IRC to discuss integration of CBA2I into RH & community case management programs.
- PROGRESS partnered with RCQHC to build their capacity to be a regional TA provider to introduce, scale up or evaluate CBA2I programs.
- The CBA2I advocacy film was shared via numerous social media outlets, reaching an audience of 24,000+, and was accepted to the Beijing Health Systems Research Symposium.
- New funds to support the West Africa Partners' Meeting & Liberia activities were secured via a World Learning/USAID grant, FCO 996231. Planning for the meeting was launched including development of a draft agenda shared with FHI 360/Senegal and USAID.
- Institutionalization with priority partners (IPPF, MSI, MSH, IRC) continued via multiple pathways, including a planning meeting & one-on-one engagement to promote & incorporate CBA2I into their programs.
- In collaboration with IPPF, a FIGO panel presentation on task sharing for strengthened workforce was developed & accepted. Also, a letter to IPPF's 6 regional offices to encourage Member Associations in 173 countries to include CBA2I in their workplans was distributed.
- A portfolio strategy workday was convened with the USAID Advisor for CBFP.
- FHI 360 continued to serve as the administrator for the CBA2I Global Advocates listserv, with 3 communications sent.
- A Uganda version of the Invest-FP Calculator was initiated.
- TA was provided to FHI 360/Uganda to develop an M&E plan for a STRIDES (bilateral) project to expand access to FP via drug shops. It will be implemented under STRIDES and PROGRESS FS (FCO 892042).

Year 5 Workplan:

- PROGRESS will continue to build and sustain partnerships with key organizations to help them promote CBA2I and facilitate adoption of the practice into their activities.
- A CBA2I Global Advocates Annual Meeting will be convened in conjunction with PROGRESS end-of-project dissemination and hand-off efforts.
- Selected tools and resources will be translated into French and posted to the CBA2I and CBFP Toolkits.
- Staff will complete the CBA2I database of pilot and scale up projects.
- In-country use of the Invest-FP Calculator will be facilitated and tracked.
- Staff will co-present with IPPF, MSI, USAID, and Kenya MOH at FIGO in Oct 2012, on a panel titled, "Task sharing: strengthening workforce capacity for community-based family planning and reproductive health services."
- Staff will present on CBA2I at IRC's Annual Reproductive Health Conference in Bangkok in Aug 2012.
- Staff will provide TA to the Chief Nursing Officer of Kenya MOH to convene a pre-conference symposium at the ECSACON Conference in Sept 2012 to engage high-level decision makers on nurses' contribution to CBFP/CBA2I.
- TA will be provided to USAID to send communications out via the CBA2I Global Advocates listserv, which now reaches 200 recipients in 26 countries.
- Staff will provide on-site intensive TA to RCQHC to build their capacity to assist regional partners in the introduction, scale up and/or evaluation of CBA2I programs. Virtual follow-up support will be provided as needed.
- PROGRESS will continue documenting new findings from activities in Kenya, Zambia, Malawi, Tanzania, and Uganda. Staff will adapt resources from these activities, as well as experiences from other organizations, as part of the resource packaging and dissemination process.

- Staff will promote CBA2I through international and regional strategic opportunities (e.g., ECSA, IBP) as opportunities arise.
- Staff will provide coordinated TA to targeted countries to strengthen CBFP and ensure maximum synergies.
- Staff will continue providing virtual technical assistance through the CBA2I Toolkit to help facilitate utilization.
- Staff will collect and synthesize costing data and resources for use by new and ongoing projects.

Findings and Outcomes:

- "Working Together, Achieving More; CBA2I Workshop" hosted by USAID and FHI 360 brought together 36 individuals from 16 international organizations to promote CBA2I as a standard of practice. A CBA2I Global Advocates listserv was created as a result.
- The Uganda scale-up work was awarded funds by FHI 360's Scientific and Technology Working Group (see FCO 993582) to complete a manuscript for publication. Studies in Family Planning published "Scaling Up Community Provision of Injectables through the Public Sector in Uganda" in June 2011.
- The following was published in the March 2011 Uganda MOH press release: "We believe community-based delivery of injectable contraception is the best avenue to increase access to the most popular family planning method in Uganda, particularly for women living in hard-to-reach areas." said Dr. Nathan Kenya Mugisha, Director General of Health Services in the Ministry of Health. "In addition to significantly reducing the unmet demand for services, community-based delivery of injectables raises consciousness about family planning, and allows Ugandan women to make decisions about their fertility that are right for themselves and their families."

Supporting Community-Based Access to Injectables in Selected Countries

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): Africa Regional, Nigeria, Zambia

FCO	Approved	C&G Closure	Tech Monitor
890131	1/20/2011		BFinger

Objective(s): To provide technical assistance to partners in selected countries to expand community-based access to injectables (CBA2I), targeting countries where pilot projects have taken a positive first step but more work in needed for replication, stakeholder development, changes in policy and service delivery standards, and other issues.

Description: Pilot research projects in various African countries have found that community health workers (CHWs) can safely and effectively provide the injectables contraceptive, DMPA. And many countries are moving forward with implementation of this innovation. Yet various challenges remain to expand on the country-specific evidence and efforts. This subproject will work closely with activities under FCO 890080, a longer-term and more globally-focused PROGRESS activity, which includes community-based access to injectables (CBA2I) as part of the broader community-based family planning (CBFP) topic. This subproject is designed to identify partners in selected countries, working with them in a catalyst role to identify barriers and move toward scale-up of CBA2I services.
Work under this FCO supports technical assistance from PROGRESS / NC staff towards the scale up of CBA2I at the country level, co-funded in each country by field support that supports country-based staff and activities. For Nigeria and Zambia, this FCO supported both NC and country-based activities before field support funds were received in October 2011.

Note: Funding for this subproject, from the CBFP champion at USAID, was for a single year ending in September 2011. An additional $100,000 to continue this work was received as part of the PROGRESS Year 4 budget.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- See previous PROGRESS annual reports for additional information on activities and accomplishments prior to July 2011.
- Zambia (see also FCO 892040): A "Road Map for National Scale-up" was drafted and vetted with the MOH and FPTWG and presented (with TA to the MOH) to more than 50 stakeholders attending the Oct 2011 dissemination meeting. Stakeholders endorsed the Road Map and also heard a final summary of the research study that led to the Road Map (see FCO 890017).
- In Sept, Malkin traveled to Lusaka to advance the Road Map, prepare for the Oct dissemination meeting, and advance plans for implementing scale up activities.
- A one-page policy guidance document was submitted to the MOH for use in revising the National Health Policy to permit CBD agents to administer DMPA.
- Nigeria (see also FCO 892043): The FMOH-supported Community-Based Access Technical Working Group (CBA TWG) was revitalized through convening its first meeting in more than one year, in September 2011. At the meeting, recommendations for amending the current Policy Guidelines and Standards of Practice were provided to the FMOH.
- At the same time, the training curriculum was revised for use with the Federal MOH, potential implementing partners, and the Community Health Practitioners Registration Board of Nigeria.
- A draft advocacy brief, with new logos added, was printed and used at the Sep 2011 meeting to inform the broader group of stakeholders about the Nigeria pilot results as well as the WHO global technical consultation findings on CBA2I (M2011-41).
- In Nigeria, a rapid stakeholder assessment was conducted at the national level to identify partners and determine their degree of readiness to integrate CBA2I into their programs.

Past Six Months:

- Zambia (see also FCO 892040): PROGRESS staff provided support and coordination to the development and implementation of a monitoring and evaluation plan for CBA2I scale up, working with ChildFund, which through its subagreement has trained 72 CBD agents from three districts to administer DMPA.
- FHI 360/Zambia and Dr. Chikamata (consultant), with support from PROGRESS staff, led a series of meetings to engage the Zambia General Nursing Council and Health Professionals Council around issues of CBD regulation, and to orient new staff in the MOH and the newly formed Ministry of Community Development, Maternal and Child Health to the CBA2I scale up project.
- Nigeria (see also FCO 892043): FHI 360 continued to coordinate advocacy activities with to support policy change, working with partners (UNFPA, USAID, and the Association of Reproductive and Family Health (ARFH).
- Technical assistance was provided to Gombe state health officials to develop a plan for state-wide expansion of community based family planning services in anticipation of the policy change permitting these activities.
- Recruitment for two new staff persons at FHI 360/Nigeria was supported. Both positions will be funded under FCO 892043.

Year 5 Workplan:

- In Nigeria and Zambia, key stakeholder meetings are expected to determine the next steps for expansion of CBA2I.
- In Zambia, PROGRESS will focus on working with the FPTWG and Ministries to advance the Road Map for Scale Up, engaging the General Nursing Council and Health Professionals Council, and moving towards policy change. See also FCO 892040.
- In Nigeria, PROGRESS will continue to advocate with the FMOH to recommend policy change supporting CBA2I at the National Council on Health meeting.

- If opportunities and priorities arise in other countries, work toward scale up of CBA2I may be pursued, within the timeline and the budget of this FCO.

Findings and Outcomes:

- In Nigeria, PROGRESS revitalized partnerships engaged in the earlier CRTU-funded CBA2I pilot and initiated new ones, including with the USAID FP bilateral, TSHIP. This work led to $250,000 in field support funds (FCO 892043) to provide technical assistance for policy and guideline change and development of tools for scale up.
- In Zambia, FHI 360 is working with the MOH and FPTWG to develop and implement a roadmap for scale up of CBA2I as a result of the PROGRESS-supported pilot study (FCO 890017). This includes continuing the service in the pilot area, expanding to new districts, and moving towards policy change. The USAID Mission in Zambia allocated $400,000 in field support funds to support this work.

Building Consensus on the Way Forward with Community-Based Distribution of Family Planning in Tanzania

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
892019	8/11/2010		CLasway

Objective(s): To support the Ministry of Health and Social Welfare (MOHSW) to develop an operational plan for strengthening community-based family planning services.

Description: The MOHSW has set an aggressive target to increase contraceptive prevalence rate (CPR) to 60% by 2015. Preliminary results from the 2010 DHS show that the CPR for modern methods among married women is at 27%, a slight increase from 20% in 2005. In addition to facility-based services, community-based family planning services are instrumental to increasing access to family planning services. However, the CBFP effort in Tanzania has faced many challenges over the years, particularly shortage of funding. The MOHSW, with financial support from UNFPA, recently conducted a rapid assessment of the CBD program which showed several key challenges facing the CBD program including poor retention of CBD workers, lack of financial resources, poor documentation, poor linkages between stakeholders, mismatch between organizations' guidelines and national guidelines, poor supervision structure, mismatch between strategic plan and CBD operations, lack of refresher trainings, donor dependence, etc. (CBD Rapid Assessment, 2009).
The MOHSW developed the National Family Planning Costed Implementation Program (NFPCIP) to provide a vision on clearly defined and costed activities and targets to be implemented at different levels in order to achieve the set target. Strengthening and increasing the availability of integrated community-based family planning (CBFP) services is Strategic Action 3, under Strategic Action Area III: Service Delivery of the NFPCIP. The UNFPA rapid assessment report called for a need to strengthen CBFP service delivery, and thus the need to develop an operational plan to set direction and guide the efforts to revitalize CBFP services in the country. The RCHS will lead the process of developing the operational plan with technical advisory and guidance from the CBFP Taskforce. The secretariat for the taskforce is FHI 360 and the members include UNFPA, Pathfinder, GIZ, EngenderHealth, T-MARC, PSI, Marie Stopes Tanzania (MST), UMATI and JHU.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Field support funding was received in September 2010.
- In March 2011, the concept for this project was introduced and endorsed by the MOHSW/FP Unit. In June 2011, the concept for this project was introduced to partners. All partners agreed to work together with FHI 360 and the MOHSW in strengthening the CBFP program.
- In April 2011, a template to collect information and data from partners working on CBD of FP was developed.
- In July and August 2011, information on challenges and best practices pertaining to CBFP was collected from four out of eight partners (Pathfinder, PSI, FHI 360 and UMATI) using a template that was designed to collect such information.
- In October 2011, the idea of developing a CBFP operational plan was introduced to the Family Planning Technical Working Group (FPTWG). A call was made for partners who are interested to join the CBFP taskforce; 14 members registered to join the taskforce, which will facilitate developing the operational plan.
- In November 2011, a process for developing the operational plan, including the scope of work for the consultant, was developed with the MOHSW.

Past Six Months:

- In February 2012, both the CBFP taskforce and the head of the RCHS endorsed the implementation plan for the project, including the SOW for consultants. Full funding for the complete process of development of the operational plan was secured through contributions from FHI 360 and UNFPA.
- In March 2012, recruitment of consultants began. In April 2012, two consultants were identified through a panel interview with CBFP taskforce members.
- In May 2012, the terms of reference for the CBFP taskforce were endorsed by members.
- In May 2012, the two consultants signed off on their contracts with FHI 360 and UNFPA respectively.
- In April 2012, consultants initiated preparatory work, including developing guides for key informant interviews.
- In June 2012, the consultants informed FHI 360 of not being able to continue with the work given other competing priorities and continuous delays in communication from the MOHSW inhibiting progress with tasks. RCHS and the CBFP Taskforce decided to terminate the contracts with the consultants and seek alternative consultants.

Year 5 Workplan:

- New consultants will be recruited to work collaboratively with the CBFP Taskforce, and with technical guidance from PROGRESS, on the CBFP operational plan.
- Building on existing assessments, the consultant should appraise the current CBFP operational situation in Tanzania to identify weakness, barriers, strengths and opportunities. These pertain to service delivery, programmatic and policy issues. The consultant will submit a summary report and presentation of the current CBFP operational situation.
- The consultant will lead a collaborative and participatory process to identify and gain consensus among various stakeholders on the key priority issues related to service delivery, program, and policy that need strengthening, documenting key areas of consensus on priority issues.
- Recommendations for potential solutions to the identified issues above will be generated based on local and international evidence-based practices and sound programmatic experiences. The consultant will lead a collaborative and participatory process to gain consensus on the recommended solutions for inclusion in the operational plan.
- The consultant will lead the development of th operational plan, including spearheading the strategic thinking process, generating an outline for the document, writing the entire operational plan, and developing activities at the level that they can be costed.
- The operational plan will be costed based on the identified priorities and NFPCIP targets, resulting in a costed 5-year CBFP operational plan/roadmap.

Enhanced Community-Based Family Planning in Kenya

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892015	6/22/2010		AOlawo

Objective(s): 1) To conduct a rapid assessment of the current community-based family planning situation in Kenya in collaboration with the East, Central and Southern African Health Community (ECSA) multi-country community-based family planning (CBFP) situation analysis; 2) to develop strategies for increasing access to and quality of FP information and services at the community level, including a basic/minimum community FP package; 3) to provide technical assistance to incorporate CBFP into the revised National Community Health Strategy and the revised CHW training curriculum and manual; and 4) to advocate for CBA2I policy change, working with the Division of Reproductive Health (DRH) and Jhpiego/Advance Family Planning Project.
Note: The fourth objective was added in July 2012 to reflect additional activities to be undertaken with Year 5 field support funds.

Description: There is a growing momentum to strengthen community-based family planning in Kenya following the International Conference on Family Planning in Kampala and the USAID-led regional meeting in Kigali. In Kenya, CBFP is one of the three priority strategies identified by the Post-Kigali Task Force to accelerate the country's FP program. Unfortunately, family planning did not feature prominently within the Ministry of Health's existing Community Health Strategy, as of 2010. However, the Community Health Strategy is currently being reviewed and revised. FHI 360 will provide technical support to the Division of Reproductive Health and the Ministry of Health's Division of Community Health Services (DCHS) to leverage this revision process to strengthen the strategy's FP component and develop an evidence-based basic/minimum FP community package. In particular, an assessment on CBFP in Kenya was undertaken, building on a regional CBFP assessment process undertaken by the East, Central, and Southern Africa Health Community (ECSA). FHI 360/PROGRESS then worked to include family planning more prominently within the DHCS training curriculum and manual for community health workers. Support will be provided to pretest the training manual.
As a next step, with Year 5 field support funding, FHI 360/PROGRESS will work with the DRH and Jhpiego's Advance Family Planning Project to undertake advocacy for policy change to permit community-based access to injectable contraception (CBA2I). This work builds on the successful pilot of CBA2I, undertaken by FHI 360/CRTU in Tharaka district, and subsequent advocacy work undertaken with PROGRESS core funds (see FCO 890080 and FCO 890131).

Collaborating Agency(s): Advance Family Planning Project; Division of Community Health Services; Division of Reproductive Health; East, Central and Southern African Health Community (ECSA); Jhpiego; Population Council

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Support and buy-in for this subproject was obtained from the DRH.
- A CBFP task force, led by the DRH, was formed in June 2010 to build consensus and collaboration for subproject activities as well as for related CBFP initiatives in Kenya.
- Working through the task force, a consultant was identified and hired to spearhead a situational analysis / rapid assessment of the current status of CBFP in Kenya.
- A desk review of existing relevant policies, strategies, guidelines and training materials was conducted.
- FHI 360, in collaboration with the task force, adapted assessment tools from the ECSA-led CBFP assessment to reflect the Kenyan context and priorities. In addition to adaptation of the ECSA tools, a

discussion guide was developed for the Kenya assessment to gather information from community health workers (CHWs).
- By February 2011, data collection for the assessment was completed.
- Findings from the assessment informed the development of a draft minimum package for CBFP and the revision of the national training curriculum for community health workers. FP has now been included as a stand-alone module within this training curriculum.
- Assessment findings also contributed to the development of the "voices of the community" presentation, which was delivered during the USAID Regional Conference on Community Approaches. This conference, held in July 2011, brought together 14 countries in Africa to share experiences in providing FP services at the community level.
- The findings of the assessment also informed and contributed to the ECSA CBFP assessment.
- The findings of the assessment have been disseminated to the DRH-led community FP task force, the FPTWG, and the scientific conferences for midwives and nurses. A report of the assessment was developed (M2012-03).
- A minimum package for enhancing FP at the community level was also developed and included as part of the report.

Past Six Months:
- The CBFP report was finalized and printed. The DRH requested for copies to be shared during the re-launch of the family planning campaign.
- PROGRESS supported DRH to make a presentation of the findings during the annual Kenya Obstetrical and Gynecological Society conference held in Feb 2012.
- Support for the Division of Community Health Services to pretest the CHW training manual was agreed upon as an appropriate approach that would contribute towards enhancing CBFP in Kenya.
- PROGRESS participated in a workshop to finalize the national CHW training manual, with a focus on the technical module for FP.
- Discussions on pretesting the CHW manual began, led by the DCHS.
- PROGRESS collaborated with APHIAPlus Rift in identifying 3 community units where the manual will be pretested. These include agrarian, nomadic and informal settlement communities.
- PROGRESS participated in two additional meetings convened by DHCS to finalize the basic modules of the CHW manual.

Year 5 Workplan:
- PROGRESS will support DCHS to pretest the CHW training manual (basic module and the technical module on family planning), in collaboration with APHIAPlus Rift and other stakeholders.
- The DCHS will be supported to finalize the CHW manual.
- PROGRESS will support the DCHS to develop an implementation plan for follow-up of use of the CHW manual.
- PROGRESS/Kenya and HQ staff will work with ECSA, ECSACON, and the Kenya Chief Nursing Officer to convene a one-day pre-conference symposium, "Reaching the Hard-to-Reach with Family Planning," taking advantage of delegates coming to the three-day conference to focus on nurses' roles in expanding access to community-based family planning and obtain recommendations on the way forward which can be presented in plenary during the main ECSACON Conference. The symposium and participation of attendees is being cost-shared by FCOs 892028, 892039, 890043, and other FCOs.
- PROGRESS will continue working with JHPIEGO/Advance Family Planning project and the DRH to advocate for policy change on CBA2I.
- A. Olawo will draft a journal article on CBA2I in Kenya.

Findings and Outcomes:
- The findings of the CBFP assessment in Kenya have been used to inform the review of national documents key to effective provision of health services at the community levels. This includes the national training curriculum for community health workers as well as the training manual, both of which now have family planning as a stand-alone module. The assessment results and the revised

CHW curriculum are well poised to inform the community health strategy, which is due to be revised soon.

Expanding Community-Based Access to Injectable Contraception in Nigeria

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Nigeria

FCO	Approved	C&G Closure	Tech Monitor
892043	10/1/2011		MSaleh/TOrr

Objective(s): 1) To continue to pursue a formal policy change for the community-based provision of injectable contraceptives by community health extension workers (CHEWs) and junior community health extension workers (JCHEWS), through the Federal Ministry of Health (FMOH); 2) To provide technical assistance to implementing agencies and partners on community-based access to family planning in Nigeria; and 3) To provide support to Gombe state towards development of a plan for state-wide expansion of community-based family planning.

Description: This activity continues the work of expanding access to contraception in Nigeria that began under the CRTU. From 2008 to 2010, the Federal Ministry of Health (FMOH) in collaboration with the Association for Reproductive and Family Health (ARFH) and FHI 360 supported a pilot community-based distribution (CBD) project in northern Nigeria (Gombe state), which offered all short-term methods, including injectables. The pilot showed that it was feasible for CHEWs to provide injectables in a community setting despite lacking the policy backing to do so. In June 2010, a national consultation organized by the FMOH concluded that evidence from the pilot, together with global evidence assembled by the World Health Organization, support the introduction, continuation, and expansion of community-based provision of injectable contraceptives by CHEWs. In 2011, using core funds from PROGRESS, FHI 360 engaged in scale-up preparation activities. The FMOH was engaged to inform how FHI 360 could effectively support policy change favorable of this practice and revitalize the Community-based Access Technical Working Group (CBA TWG). An advocacy brief was drafted and shared with stakeholders including UNFPA, ARFH, USAID, Planned Parenthood Federation Nigeria (PPFN), and Advocacy Nigeria. Meetings were convened with these stakeholders to discuss integration of this practice into their existing community-based family planning (CBFP) programs and creation of a supportive environment. Beginning in December 2011, FHI 360/PROGRESS will expand CBA2I by revitalizing the practice in the CRTU-supported pilot state, institutionalizing the practice with other implementing partners' programs, and facilitating a task shifting policy change that would enable CHEWs provide injectables in a community setting. This policy change will require multi-level approvals; CBA TWG, the Reproductive Health Technical Working Group (RH TWG), the Minister for Health and finally the National Council on Health.

Collaborating Agency(s): Federal Ministry of Health (FMOH), Nigeria

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Early activities related to this subproject were co-funded with FCO 890131.
- Endorsements were sought for the draft advocacy brief which combines the Nigeria pilot results with the WHO global brief.
- FHI 360 conducted advocacy sessions with multiple partners to ensure buy-in and support for scale up prior to the CBA TWG meeting.
- The FMOH was supported to revitalize and convene the CBA TWG members and guests from implementing partner organizations (such as UNFPA, TSHIP and PPFN). A meeting was held in

September to secure buy-in for policy change and service expansion, discuss barriers and operational issues, and provide input on the Concept Note for Scale-up and the Advocacy Brief.
- FHI 360 provided technical assistance to the FMOH to draft a memo for the Minister of Health to summarize the CBA TWG meeting results and need for policy change.
- Policy change recommendations were presented to the Reproductive Health Technical Working Group (RH TWG) in November 2011.
- A scale up workplan, with activities, persons responsible, and dates, was developed.

Past Six Months:
- FHI 360 continued advocacy with the FMOH through Prof. Ladipo and the Family Planning Action Group (FPAG) to ensure the memo for policy change was submitted for approval by the Minister for Health.
- Two technical officers were recruited technical officers for CBFP activities. They will be based in the FHI 360 national country office and Gombe state office.
- The Minister for Health approved the task shifting policy change memo; it was subsequently submitted for consideration by the National Council of Health.
- A baseline assessment on CBFP was conducted in all 11 local government areas of Gombe state.

Year 5 Workplan:
- The memo seeking approval for injectables task shifting policy change will be submitted by the Minister for Health to the National Council of Health seeking approval of and adoption by all states.
- The FP/RH Policy Guidelines and Standards of Practice document will be updated to reflect policy which allows CHEWs to provide injectable contraceptives in community settings.
- The draft training manual developed during the pilot for on-the-job training of CHEWs on community-based provision of injectables will be finalized and adopted nationally in collaboration with the FMOH.
- FHI 360 will work with the Gombe State Ministry of Health (SMOH) to identify a range of stakeholders and champions including policymakers, managers, technical experts, service providers, and members of civil society and beneficiary communities. The CRTU-supported pilot findings will be disseminated to these stakeholders.
- Using a participatory process, FHI 360 will support the SMOH to develop criteria for a phased site selection and a costed implementation plan for scaling up CBA to FP in the state.
- FHI 360 will also assist in the setting up a state CBA implementation team (CIT), which will meet monthly to give guidance to the project, discuss results and offer solutions to implementation issues.
- FHI 360, with the SMOH and the FMOH, will conduct a training of trainers to create a sustainable pool of master trainers in Gombe.
- FHI 360 will work with the SMOH to strengthen logistics linkages between the SMOH, the Local Government Areas (LGAs) and the primary health care facilities (PHCs).
- CBFP services will be provided by already existing CHEWs and JCHEWs in the employment of the various LGAs.
- FHI 360 will work with the state SMOH to institutionalize reporting of CBFP data. Monitoring and evaluation will be ongoing from the start of the program, to continuously review each step of the implementation process outlined in the state implementation plan and project work-plan.
- There will be ongoing documentation of lessons learned so that Gombe state will serve as a model for scaling up CBA2I in other states.

Scale Up of Community-Based Access to Injectables in Zambia

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Zambia

FCO	Approved	C&G Closure	Tech Monitor
892044	9/1/2011		MMalkin
892040	8/1/2010		MMalkin

Objective(s): 1) To provide technical assistance to the Ministry of Health (MOH), the Family Planning Technical Working Group (FPTWG), and the Ministry of Community Development, Maternal & Child Health (formed in 2011) to develop the Road Map for National Scale Up of Provision of Injectable Contraception by Community-based Distribution Agents in Zambia; 2) To provide support to sustain the provision of DMPA by ChildFund's CBD agents in the pilot districts, and expand the provision of DMPA by ChildFund's CBD agents to additional community sites within the pilot districts; 3) To conduct monitoring and evaluation activities in pilot sites and new sites within the pilot districts; 4) To engage in advocacy around the recommended policy change to permit provision of DMPA by CBD agents; and 5) To document the scale up process.

Description: ChildFund Zambia and PROGRESS implemented an MOH-approved, USAID-supported pilot study to determine the feasibility, safety, acceptability, cost, and impact of DMPA provision by community-based distributors (CBDs) (FCO 890017). Through this study, DMPA was introduced into the existing ChildFund community-based distribution (CBD) program in Mumbwa and Luangwa districts. In May 2011, the MOH convened a meeting to present the results and determine the way forward. Among the key recommendations made by the FPTWG and other stakeholders attending the meeting was to (1) Continue provision of DMPA by CBD agents in the pilot districts without interruption, (2) develop a road map for introduction and scale up of the use of CBD agents to provide DMPA nationally, and (3) MOH to develop policy to allow provision of injectables by CBD agents to be incorporated in the national health policy. This FCO and accompanying subagreement is designed to support the scale up of provision of DMPA by ChildFund CBD agents and advance progress toward policy change.

Subgrantee(s): ChildFund Zambia
Collaborating Agency(s): Ministry of Health (MOH); National Family Planning Technical Working Group (FPTWG)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- A subagreement with ChildFund was submitted to USAID/Washington in early Oct 2011, and approved in Dec 2011.
- In Sept, Malkin traveled to Lusaka (FCO 890131) to advance the Road Map for National Scale Up of Community-based Distribution of Injectable Contraception, prepare for the dissemination meeting, and advance plans for implementing scale up activities.
- A policy guidance document was submitted to the MOH for use in revising the National Health Policy to permit CBD agents to administer DMPA.
- A consultant, Dr. Chikamata, provided TA to the MOH/FPTWG on the development and implementation of the Road Map, building on stakeholder endorsement at the Oct 2011 dissemination meeting (FCO 890017).
- In Oct, Malkin traveled to Lusaka to (1) participate in the dissemination meeting, and (2) work with FHI 360/Zambia, Chikamata, and stakeholders to advance plans for scale up.
- Malkin, Mwale, and Chin-Quee traveled to Mumbwa to meet with District Health Office officials and CBDs to discuss experiences under the pilot, and scale up.
- Technical assistance was provided to the MOH to develop an official response to the Heffron study on the possible link between hormonal contraception and HIV.

- Revisions were made to the pilot study curriculum (developed under FCO 890017) to strengthen dual protection messaging. A new training packet for supervisors was developed.
- Personnel changes within the MOH following the 2011 general elections and subsequent formation of the new Ministry of Community Development, Maternal & Child Health (MCDMCH) resulted in the need to sensitize new stakeholders. FHI 360 and ChildFund responded by working to build new relationships and operate within the new structure. Relevant offices in the new ministry have been availed of the history and goals of the project.
- Resistance expressed by the General Nursing Council (GNC) and Health Professionals Council (HPC) around issues of CBD regulation has hindered progress on the Road Map and policy change. FHI 360 worked to outline a strategy to address this resistance, which is expected to include a series of meetings with the various stakeholder groups and a study tour.

Past Six Months:
- The subagreement with ChildFund was fully executed in January 2012.
- Continued technical assistance was provided to the FPTWG and MOH to finalize the Road Map for National Scale Up and the revision of the National Health Policy.
- ChildFund conducted community mobilization and sensitization activities, and trained 71 CBD agents from Mumbwa, Luangwa, and Nyimba districts, followed by initiation of community-based provision of family planning.
- FHI 360/Zambia staff developed the M&E plan, and conducted M&E activities in collaboration with ChildFund and District Health Offices.
- An official waiver was obtained from the newly formed MCDMCH to continue service delivery through December 2012. However, it was discovered in June 2012 that the Nyimba provincial health office was not informed of the waiver, thus CBDs in Nyimba have not been allowed to start providing DMPA.
- Technical assistance was provided to the MCDMCH and FPTWG to address concerns of the GNC and HPC in a series of meetings. Planning began for a study tour to Rwanda to gain support of new stakeholders and address opposition.

Year 5 Workplan:
- Under the subagreement, ChildFund will hold additional community mobilization and sensitization activities and community meetings, and support the CBDs and supervisors involved in the project.
- FHI 360 will conduct M&E visits and data collection in Mumbwa, Nyimba, and Luangwa.
- FHI 360 will analyze and compile M&E data. A final report will be produced.
- Technical assistance will be provided to the MCDMCH and FPTWG to address concerns of the GNC and HPC. Strategic efforts will be made toward a consensus on the way forward. A study tour to Rwanda will be cost-shared with FCO 892028.
- Continued technical assistance will be provided to the FPTWG, MOH, and MCDMCH to finalize the Road Map for National Scale Up and make progress toward the revision of the National Health Policy.
- A final dissemination meeting will be held.

Scaling Up Community-Based Family Planning in Uganda

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
892042	8/1/2011		AAkol

Objective(s): 1) To increase provision of quality family planning at the community level by trained community health workers (CHWs) and village health team members (VHTs); 2) to strengthen the supportive systems and structures at the district level to advance community-based family planning (CBFP); 3) to increase demand for family planning services at the community level; and 4) to explore new approaches for enhanced delivery of community-based family planning.

Description: A growing body of evidence shows that community-based access to injectables (CBA2I) is safe and contributes to health goals. In 2005, FHI 360, Save the Children, and the Ugandan Ministry of Health (MOH) collaborated on an operations research study in Nakasongola District that demonstrated that community health workers (CHWs) can safely and feasibly provide DMPA when properly trained. Uganda continued to provide leadership by conducting successful advocacy efforts that have led to limited scale-up, documentation of lessons learned, and eventual policy approval at national level. The policy approval has led to request from the MOH for scale-up of CBA2I to facilitate improved access and accelerate efforts to achieve national development goals.
The FP program in Uganda operates mainly at heath facility level. However, the government is implementing a primary health care strategy in which village health teams (VHTs) are trained to provide preventive, promotive and basic curative services in the community. Thus, there is a need to link improvements at health facility level with the community.
With field support funds from USAID/Uganda, PROGRESS will train VHTs to provide FP in 12 rural Ugandan districts. The methods provided will include oral contraceptive pills, condoms, and DMPA; with referral for long-acting and permanent methods. In seven of the 12 districts, VHTs are already providing community-based family planning, including DMPA. These VHTs will receive refresher training. Service delivery by VHTs will be complemented by actions aimed at strengthening the health system to support service delivery, and by demand generation activities. At the same time, PROGRESS will identify opportunities to learn more about drug shops as new mechanisms for delivery and support of community-based family planning.

Collaborating Agency(s): Management Sciences for Health (MSH)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Through November and December 2011, PROGRESS/Uganda met with district leaders and District Health Teams (DHTs) in eight Ugandan districts to obtain concurrence and plan for the introduction of community-based family planning (CBFP) activities in these districts.
- Memoranda of Understanding (MoUs) were developed with eight districts for the provision of technical assistance (TA) by PROGRESS staff to the district health teams for the scale up of CBFP, including CBA2I in those districts.
- Staff provided TA to two districts for training of 42 Village Health Team Members (VHTMs) in the provision of CBFP, including CBA2I.
- In November 2011, the FHI 360/Uganda office recruited two associate program officers to support CBFP TA provision to 11 districts under PROGRESS field support.

Past Six Months:

- Between January and March 2012, PROGRESS/Uganda agreed on CBFP implementation with 180 district leaders through district stakeholder workshops in eight districts.
- From January to June 2012, PROGRESS TA resulted in the provision of FP to 10,450 clients, including 3,123 who were new to FP.
- The PROGRESS/Uganda team supported the training of 166 VHTMs in 8 districts to provide short-acting FP methods including DMPA.
- In the same period, Continuing Medical Educations sessions for 95 FP providers in 5 districts were supported.
- TA was provided to develop an M&E plan for the STRIDES-funded activity to support FP provision via drug shops (co-funded by FCO 890080).

Year 5 Workplan:

- The workplan for these funds will be finalized in discussions with PROGRESS Management and the USAID/Uganda Mission.
- Trainings and refresher trainings will be conducted for VHTs on CBFP.
- VHTs will be equipped with VHT kits, job aids and reporting tools.
- Health unit managers and midwives will be trained.
- Supervision from the districts will be supported such that review meetings and monthly support supervision meetings will be held at the health facilities.
- District stakeholder best practices and lessons learned meetings will be conducted.
- Monitoring and evaluation of activities will be planned and implemented.
- Community radio productions aimed at generating demand for FP will be conducted. IEC and other promotional materials will be produced.
- A national dissemination and best practices meeting will be convened.
- Documentation of PROGRESS technical support to the national MOH will be undertaken. A series of briefs or case study will be developed.
- The M&E activity on community-based FP via drug shops will be completed under a new FCO 890155. Analysis of existing data on provision of FP via drug shops will be finalized and a paper produced. Support will be provided to the MOH for a drug shops policy dialogue.

Introducing an Evidence-Based Mobile Phone Job Aid for Community-Based Family Planning

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
892065	8/13/2012		ENdakidemi
890087	3/4/2010		CLasway
890072	12/10/2009		CLasway

Objective(s): To foster the application of evidence-based practices using mobile phone-based applications during family planning service provision by community-based health workers.

In late 2011, the evaluation of the mobile phone-based job aids evolved into a research activity because of (1) a global consensus that more solid evidence is needed on the utility of mHealth interventions, and (2) demand from local stakeholders in Tanzania that the evaluation be more rigorous and publishable. The objectives of the research are: 1) to compare the use of a mobile phone-based job aid with a paper-based job aid on completion rates for follow-up visits and the efficiency of data reporting by CHWs; 2) to assess the feasibility of using mobile phone job aids by CHWs to provide counseling for family planning services; and 3) to describe the quality of FP counseling offered by CHWs using a mobile phone-based job aid.

Description: While the unmet need for family planning in Tanzania continues to be high (22%), the growth in use of modern methods has dropped by half, from 1.5 percentage points per year (from 1992 to 1999) to 0.6 points (from 1999 to 2004/05). The use of community-based distributors (CBDs) helped increase utilization of family planning (FP) services in Tanzania historically. CBDs, by virtue of their consistent community contact, are in an excellent position to promote FP and to collect information that is needed at the national level. However, CBDs often receive little training and have high turnover. As such, their adherence to evidence-based practices is limited.
Mobile phone technologies have tremendous potential for improving the quality of FP service provision in resource-poor settings such as Tanzania. They can act as a platform to disseminate and promote the use

of evidence-based practices that facilitate task-shifting. In addition, information about each client can be recorded at the point of care and then sent to a central database, providing for more accurate and timely collection of data.
Pathfinder International and D-Tree International are developing a phone-based application to support CBDs in effectively providing FP education, counseling and screening for FP services. FHI 360 has joined this team to facilitate and advance the application of evidence-based practices. Select job aids (Balanced Counseling Strategy, pregnancy and method-specific screening checklists) will be used to develop an algorithm for an initial prototype to be used by CBDs. As the use of this platform to enhance service provision in a CBD setting will be the first in its kind in Tanzania, monitoring and evaluation will be a key aspect of the subproject. Stakeholder engagement, including work with the Ministry of Health and Social Welfare (MOHSW), will also be a priority in order to acquire endorsement and facilitate utilization in other similar programs.

Subgrantee(s): D-Tree International
Collaborating Agency(s): Pathfinder International

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for activities prior to December 2010.
- Funding for this activity came available in December 2010, and a revised budget and workplan was approved by USAID in January 2011.
- In February 2011, a fixed-price contract was signed with D-Tree.
- In May 2011, the activity was introduced and endorsed by the Reproductive and Child Health Section (RCHS) of the MOHSW.
- In September 2011, FHI 360 agreed to collaborate with the CDC Foundation to promote the Mama Nipende mobile platform (primarily designed to give information on PMTCT) in the FP mobile job aid to be promoted by CBDs.
- In October 2011, the final draft of the screening and counseling algorithm for the mobile phone decision support tool was reviewed and endorsed by the RCHS. Translation into Kiswahili was also completed.
- In Nov. 2011, programming of the algorithm into the mobile phone was completed.
- In Dec. 2011, usability testing of the electronic algorithm was conducted with six (6) CBDs in Kinondoni district. A few changes were made to the algorithm.

Past Six Months:

- A paper-based job aid reflecting the mobile algorithm was developed, and finalized in May 2012; it will be used by 25 selected CBDs to compare efficiency and quality with the mobile job aid.
- In June 2012, the protocol for evaluating the feasibility of the mobile phone decision support for the family planning tool was developed and technical review completed. Data collection tools were also developed. Preparations are underway for submission for ethical clearance.
- In June 2012, an abstract "Implementation and evaluation of a family planning mobile phone job aid for community health workers in Tanzania" was selected for panel discussion presentation during the 140th APHA Annual Meeting in October 2012.

Year 5 Workplan:

- The paper-based job aid and the SMS reminder system will be pre-tested and finalized.
- Once IRB approval has been granted, baseline data will be collected from CBDs.
- CBDs and supervisors will be trained on the mobile phone and paper-based job aids and will begin using these tools.
- Supportive supervision will take place, as well as collection of monitoring and costing data via phone and paper-based record forms.
- Interviews will be conducted with the CBDs using the job aids 4 months post-intervention.
- Interviews will be conducted with clients & CBD supervisors 6 months post-intervention.
- Staff will enter, clean and analyze the follow-up data.

- The results will be shared with stakeholders via a local dissemination meeting. PROGRESS will also write up the results in a brief and journal article manuscript.

Evaluation of the Initiative on Contraceptives at the Doorstep by Accredited Social Health Activists (ASHAs)

Status: Ongoing *Projected End Date: 1/31/2013*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892058	4/9/2012		SBasu
892050	11/10/2011		SBasu

Objective(s): 1) To identify operational issues associated with the "contraceptives at the doorstep" scheme, including service delivery, program monitoring, and record keeping; 2) To identify client-reported perspectives on access to and utilization of the scheme, particularly barriers; and 3) To identify ASHA-reported perspectives on implementing the scheme and providing family planning in the community.

Note: The title and objectives were changed in December 2011 to reflect a new concept, as discussed with USAID/India and the Ministry of Health and Family Welfare (MOHFW).

Description: To improve access to contraceptives, the Government of India (GOI) has decided to utilize the services of the cadre of accredited social health activists (ASHAs) to deliver contraceptives at the doorstep of households, and incentivize the ASHAs for the effort. To begin with, the initiative is being implemented on a pilot basis in 233 districts in 17 states. Each ASHA is assigned a catchment population of 1000 people in a village. ASHAs are expected to counsel all eligible couples in her area regarding various contraceptive methods and have the clients screened by the medical officer/auxiliary nurse midwife (ANM) before selling oral contraceptive pills (OCPs) to them. Besides offering counseling, ASHAs would sell condoms, OCPs and emergency contraceptive pills (ECPs) at the doorstep of the beneficiaries. The Family Planning Division of the Ministry of Health and Family Welfare (MOHFW) requested FHI 360/PROGRESS to facilitate a rapid evaluation of the program supply side factors, such as service delivery, supply chain, existing communication materials, program monitoring, and record system. Additionally, the evaluation will include provider and beneficiary perspectives on the scheme. The results of the evaluation will be utilized by the GOI to scale up the scheme nationwide. The rapid evaluation will consist of a secondary data assessment and primary data collection at one time point. The secondary assessment will consist of a literature review and collation of data on sales of OCPs and condoms. Primary data collection will include key informant interviews and client interviews.

Subgrantee(s): Ipsos

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- Initial plans were made to do an assessment on the incentive scheme for IUCDs in India. However, following discussions with the Family Planning Division of the MOHFW, it was determined that this was no longer feasible. The MOHFW instead requested an assessment of the operational issues related to community-based distribution of contraceptives by ASHAs.

Past Six Months:
- A new concept was developed and finalized with USAID/India in January 2012.
- The protocol and data collection forms were drafted in February 2012.

- The protocol was approved by FHI 360 and USAID/Washington, as well as by PHSC and the local ethics committee, in April 2012.
- A research agency, Ipsos, was contracted in May 2012.
- Data collection forms (DCFs) were finalized in May 2012. Field testing of the DCFs also took place in May 2012, along with training of the research agency and data collectors.
- Data collection and analysis were conducted in May and June 2012.
- Discussions began with the Ministry about possible research utilization.

Year 5 Workplan:
- A presentation on preliminary findings will be presented to the MOHFW in July 2012.
- A report will be drafted and submitted to the MOHFW and USAID in August 2012.
- A research brief will be drafted and submitted by October of 2012.

Examining the Influence of Providers on Contraceptive Uptake in Rwanda

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
892057	3/19/2012		MGreen
892022	8/23/2010		EMunyambanza

Objective(s): 1) To explore provider-reported knowledge, attitudes and practices in family planning service provision; 2) To describe provider-reported training, experience and skills in providing specified family planning methods (e.g. implants and IUDs); and 3) To assess quality of family planning counseling through client exit interviews.

Description: The Social and Cultural Barriers to FP Use in Rwanda study (FCO 890007) was a mixed methods cross-sectional community-based study exploring barriers to modern contraceptive use among Rwandan women, with a particular focus on psychosocial factors, religious and cultural barriers, misinformation, and obstacles linked to physical and economic access to and perceived quality of FP services. While respondents in that study were asked their perceptions about the available FP services, the study did not examine barriers to providing FP services from a service delivery perspective. However, there was some evidence that medical barriers may influence women's decisions: 41% of respondents thought that they had to be menstruating to initiate a method, and 54% said that a woman must take medical tests before getting an FP method. These findings show that more research into provider attitudes and behaviors is warranted to get a full picture of potential barriers to FP use in Rwanda. At the request of the Ministry of Health, PROGRESS will conduct a companion study to examine these supply-side questions.
The study will be done in health facilities that serve the 21 enumeration areas that were used for the original study on social and cultural barriers. Approximately 80 facilities were mentioned by respondents as places they would go to get FP. Due to resource constraints, 50 of these facilities will be randomly selected for inclusion in this study. FP providers and managers will participate in structured interviews assessing training needs and their knowledge and attitudes about FP, perceived medical reasons that contraindicate FP methods and the specific methods available. In addition, providers will be asked about the confidence they feel in providing each of the methods. Client interviews will further assess the quality of services provided at these facilities with respect to client-provider interactions.

Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Funding for this activity was received from the USAID/Rwanda mission as of September 2010.
- A concept paper and draft workplan were submitted to the Mission in November 2010.
- This follow-on study was added to the official MOH 2011 Family Planning Workplan in November 2010 and the MOH approved a draft protocol for the study in December 2011.

Past Six Months:

- The study protocol was approved by FHI 360 in January 2012.
- USAID/Rwanda and USAID/Washington approvals were granted in February 2012.
- The study received PHSC approval in March 2012 and was reviewed by the Rwanda National Ethics Committee (NEC) in March 2012. The NEC requested an increase in the minimum age of participation from 15 to 18 years of age. The protocol was revised and resubmitted to the NEC and PHSC in May 2012, and approvals were granted by both IRBs.
- Data collection forms (DCFs) were drafted over January-March 2012 and submitted for first FHI 360 review in March. After feedback and a pretesting in March 2012, the forms were approved in April 2012.
- Initial preparations for fieldwork were started in May 2012. A list of facilities was generated from the first study's data and verified for potential inclusion in June 2012.

Year 5 Workplan:

- Final preparation for fieldwork and training of data collectors will take place in July 2012.
- Data collection will begin in August 2012 and continue for approximately two months.
- Data cleaning and analysis will take place from late September through November 2012.
- A data interpretation workshop will be held in December 2012 with the MOH and other stakeholders, and additional dissemination of the results will continue in 2013.
- Study reports, briefs, and a manuscript will be drafted by March 2013.

An Assessment of the Impact of Navrongo Zurugelu Approach on Men's Concerns about Family Planning and Reproductive Health Services

Status: Ongoing *Projected End Date: 2/28/2013*

Country(s): Ghana

FCO	Approved	C&G Closure	Tech Monitor
890151	4/18/2012		KGanter
890150	4/11/2012		KGanter

Objective(s): To provide funding to Columbia University to conduct an in-depth qualitative research study that aims to clarify why the original Navrongo pilot was successful and why the fertility impact stalled during scale up with the goal of identifying the steps that must be taken in Ghana to recapture this program's initial family planning success.

Description: FHI 360/PROGRESS is providing funding to Columbia University through a subaward to conduct an assessment in Ghana. After demonstrating dramatic effects on fertility, the Navrongo Community Health and Family Planning (CHFP) initiative's fertility impact stalled during scale-up. The reasons for this are unclear. Yet, Navrongo remains a model for national health systems development. By conducting the qualitative research and combining such data with quantitative information from study areas, the proposed research aims to clarify these circumstances. By integrating findings into ambitious

health systems development efforts that are currently underway in Ghana, broader understanding will be sought on the conditions that result in the utilization of family planning services and the impacts for key programs and policies. Finally, given the large number of countries struggling with high rates of fertility, the Columbia research team will also conduct a significant dissemination effort that aims to inform the global policy community of project findings and implication.

Subgrantee(s): Trustees of the University of Columbia of the City of New York

Activities, Accomplishments, Problems:
Past Six Months:

- FHI 360 staff engaged with Columbia University and USAID to develop and complete the contractual framework and mechanism for this activity.
- The subgrant was approved by USAID and fully executed with a start date of May 1, 2012.
- In May 2012, the research team at Columbia University developed research tools, including five unique in-depth interview (IDI) guides and two focus group discussion (FGD) guides. The IDI guides were created for: 1) Chiefs and Elders; 2) Current and Former Community Health Officers (CHOs); 3) Current and Former Volunteers; 4) Current Senior Health Managers; and 5) Former Navrongo Experiment Key Staff. The FGD guides include: 1) Older Community Members; and 2) Younger Community Members.
- Also in May, Columbia MPH student Abigail Krumholz traveled to Ghana to begin her practicum assignment, assisting Navrongo Researcher Maxwell Dalaba in coordinating the data collection for the study.
- Upon completion of the research tools, the research team successfully applied for approval from both the Columbia University and Navrongo Health Research Centre (NHRC) Internal Review Boards. This process took longer than anticipated. Approval from NHRC was received on June 19th, 2012
- Through the month of June, while awaiting IRB approval, the team trained two research assistants in the use of the IDI and FGD guides, completed sampling of health workers, health volunteers, and community members, and made logistics preparations for fieldwork.

Year 5 Workplan:

- Columbia University will continue to implement the research with funding through a PROGRESS subgrant.
- Upon IRB approval from Columbia University (July 9th, 2012), data collection will begin in earnest with IDIs to obtain program management perspectives and frontline worker perspectives.
- The two research coordinators will be tasked with interviewing current senior health managers, former Navrongo Experiment key personnel, and the original CHOs.
- The two research assistants will interview all current CHOs, current and former volunteers, and chiefs and elders, as well as conduct the focus group discussions with younger and older community members to obtain men's and women's reactions to services.
- The team will hire three experienced transcribers from the NHRC. Their addition to the team will enable simultaneous data collection and transcription to occur.
- The team expects to fully complete data collection during the first week of September.
- Data analysis will be a focus in the upcoming months. Work on coding and analyzing the transcriptions will begin in July 2012.
- The abstract submitted by Dr. Philip Adongo to the Symposium on Health Systems Research in Beijing was accepted for a poster presentation. The team will develop the paper and poster for the Symposium by November.
- The team expects several papers to be developed based on this work. Further dissemination and research utilization activities will be implemented.
- The subagreement will be closed out by 02/28/2013.

Legacy Area 2

Expanding Service Delivery Options within and beyond the Health Sector

Legacy Area 2 focuses on delivering family planning through collaborations with partners and projects in fields other than family planning. This section starts with collaborations within the health sector; these focus on integrating family planning within maternal and child health interventions, including postpartum care and immunization programs. There are four studies, a follow-on activity for the nearly completed study in India, and a global research utilization activity on FP/MCH integration. Two studies, in Ghana and Tanzania, look at contraception provision in drug shops. Looking beyond the health sector, PROGRESS has activities on integrating family planning into microfinance (in India and Kenya), agricultural (in Kenya), and environmental (in Kenya and Uganda) programs. Finally, there are activities to explore the use of mobile technologies in family planning services. The section ends with an activity to use corporate social responsibility to support family planning.

Examining the Feasibility and Acceptability of Postpartum IUCD Services

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890110	6/4/2010		JWesson
890089	3/22/2010		THoke
890008	10/1/2008		THoke

Objective(s): 1) To design an evidence-based intervention, implemented within antenatal care (ANC) and maternity services, to support postpartum IUD insertion services within health centers; 2) to evaluate the feasibility of implementing the postpartum IUD service intervention in accordance with quality standards on a sustained basis; 3) to examine health center providers' perspectives regarding postpartum IUD services; and 4) to assess clients' perspectives toward postpartum IUD insertion, as indicated through theoretical acceptability, intended use, and actual uptake.

Description: The Government of Rwanda (GOR) has established ambitious goals for increasing modern contraceptive prevalence. One established approach for increasing contraceptive prevalence is to expand the range of methods. Important gains can be achieved by including long-term methods like the intrauterine device (IUD) in the method mix. The GOR is already supporting expansion of IUD services. In partnership with the USAID-funded Twubakane Project, the GOR has recently supported provider training in IUD insertion, with 26% of Twubakane-supported health centers offering this method in 2008. Still absent in Rwanda is IUD insertion offered to women immediately after giving birth. Such a strategy capitalizes on the combined benefits of addressing unmet need for contraception among postpartum women and expanding the method mix with cost-effective long-term methods. Clinical research conducted by FHI and others has shown immediate post-placental insertion of the IUD to be safe and effective. Still, there is a dearth of documented programmatic experience in resource-poor settings. To resolve programmatic questions, PROGRESS is collaborating with Rwanda's MOH and other partners to conduct research on the feasibility and acceptability of postpartum IUD insertions. The study consists of phased introduction of immediate postpartum IUD insertion services, with close documentation of service delivery processes and measurement of intervention success. It has 4 components: 1) initial introduction at Muhima Hospital to identify service delivery components requiring special attention as the intervention is adapted to Rwanda; 2) a formative assessment of health centers that are potential sites of postpartum IUD services; 3) design of a scalable intervention for PPIUD insertion; and 4) testing the scalable intervention in 10 promising facilities.

Subgrantee(s): JHPIEGO
Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Hoke traveled to Rwanda in March 2009 to gather information for protocol preparation; the protocol was approved by PHSC in Sept. and by Rwanda National Ethics Committee in Dec.
- Hoke traveled to Rwanda in Nov. to join co-investigators from FHI 360/Rwanda, MOH, and Jhpiego in study preparation activities. A site assessment was conducted at Muhima Hospital, the facility where the first phase of PPIUD services will be introduced.
- FHI 360 and Jhpiego supported the MOH in convening a technical update meeting to share current information on postpartum FP with district health managers and other stakeholders.

- In Spring 2010, 38 ANC providers from 3 Kigali health centers were updated in FP and trained to refer interested clients to Muhima Hospital for immediate PPIUCD insertion. 15 Muhima Hospital maternity providers were trained in PPIUCD insertion.
- Jhpiego led development of a client brochure on FP methods, including PPIUCD insertion (M2010-123).
- The facility assessment was conducted in 8 district hospitals and 24 health centers.
- A workshop was held in Sept 2010, at which stakeholders learned about the experiences with PPIUCD services at Muhima Hospital, reviewed facility assessment findings, and advised on the intervention for the expansion phase.
- Supportive supervision and monitoring was provided by PROGRESS and Jhpiego.
- Training was conducted in December 2010 in Kigali on PPIUCD service delivery for expansion sites. 12 providers from 2 district hospitals and 4 health centers participated. Afterward, a practicum was held in each of the 2 district hospitals to allow recently trained clinicians to gain experience with insertion with support from the clinical trainers.
- Trainings were repeated in May 2011 on PPIUCD service delivery for the remaining 6 sites. Participants included 13 providers from 3 district hospitals and 4 health centers. This was followed by a practicum.
- Repeated rounds of supportive supervision visits were conducted by PROGRESS and Jhpiego in all facilities.
- Hoke traveled to Rwanda in Sept. to finalize instruments for post-intervention and support training of data collectors.
- Data collection was conducted in the 12 study sites.

Past Six Months:
- A final round of supportive supervision visits was conducted in all health facilities in February 2012.
- Post-intervention data entry and analysis were completed.
- Information was compiled for the Intervention Tracking Tool, along with costing data.
- The team discussed plans for disseminating research results and potential follow-up activities with the Ministry of Health and Jhpiego. A final training on IUCD insertion was conducted in June 2012 to reinforce existing sites and expand services to facilities supported by the Millennium Village Project.

Year 5 Workplan:
- Results will be presented at the PROGRESS end of project technical meeting on PPFP in July 2012.
- A results interpretation workshop will be held in Rwanda in September 2012.
- A research brief and study manuscript will be prepared.
- FHI 360/Rwanda staff will work with the Family Planning Technical Working Group and implementing partners to encourage application of the findings in Ministry of Health services.

Improving Access to and Uptake of Postpartum Family Planning through Enhanced Family Planning in Immunization Services

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
892011	11/20/2009		JWesson
890028	6/10/2009		LDulli

Objective(s): 1) To determine the effectiveness of an intervention to increase contraceptive provision to postpartum women attending immunization services who desire to either space or limit their pregnancies, thus reducing unmet contraceptive need in this population; and 2) to determine which cognitive factors mediate the effect of the intervention on contraceptive use among the study population.

Description: The Government of Rwanda has set a goal to increase postpartum family planning use by promoting family planning in the context of infant immunization services and linking postpartum women to FP services. To assist the Government of Rwanda in achieving this goal, this study is testing an intervention that enhances postpartum FP service delivery by immunization service providers by providing specific messages to be delivered, guidance on how and when to deliver them, and a screening tool to facilitate referral. The intervention is designed to change FP-related behavior among postpartum women by increasing their awareness of the importance of FP use and identifying their personal risk for unplanned pregnancy.
The study is an experimental, two-group (intervention/control) pretest/posttest design in which a baseline survey of women attending immunization services and health care providers has been conducted, after which health care facilities were randomly allocated to either intervention or control groups.
Randomization was stratified on clinic type (public sector versus government-assisted). Service providers from the intervention group underwent a brief, 3-day training on topics pertinent to postpartum family planning and the use of a screening tool to assess pregnancy risk among postpartum women. Providers in the control facilities received no training and services continued to be delivered as they were. A post-intervention assessment of both clients and providers will be conducted 9 to 12 months after the intervention began.
Preliminary work for this subproject was completed under the CRTU, FCO 114141.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- L. Dulli traveled to Rwanda in Aug. 2009 to advance plans for study implementation.
- All study documents, including the protocol, data collection instruments, and informed consent forms were approved in Oct.
- Dulli traveled to Rwanda in Nov. to meet with Jhpiego/Rwanda to discuss plans for the intervention component and to participate in a workshop designed to raise key stakeholder's awareness of the topic of postpartum FP.
- The study protocol was revised and resubmitted to both the Rwanda National Ethics Committee and to PHSC in Jan. 2010.
- Baseline data collection, data cleaning & data entry were complete by June 2010.
- Seventeen immunization and FP providers from 7 intervention health centers and the 7 control sites were trained in June on an update on postpartum FP and return to fertility. Preparations for the intervention were completed, with intervention activities commencing immediately afterwards.
- The first supportive supervision was conducted in the 7 intervention facilities in July.
- Analyses of baseline data were completed in Aug.
- A second supportive supervision and mid-course evaluation was carried out in Nov. and early Dec.
- Results from the mid-course evaluation were reviewed and a refresher training planned to reinforce the intervention within intervention facilities in Dec. 2010.
- Midcourse data were analyzed and summarized in Jan. 2011.
- Due to a change in provider training that had occurred earlier in the year and anecdotal evidence that many trained providers had been transferred from their sites, a one-day refresher training was conducted in conjunction with the 3rd supportive supervision visit in each of the 7 intervention facilities in April 2011.
- Training for the final wave of data collection was conducted in Oct 2011, with data collection beginning immediately afterwards.
- Findings from the baseline data were presented at the International Conference on Family Planning in Dakar in Dec 2011.

Past Six Months:

- The final wave of data collection for the study was completed in February 2012.
- Data cleaning and analysis was completed in June 2012.

Year 5 Workplan:

- Findings will be disseminated at the PROGRESS end of project technical meeting postpartum family planning on July 19th, 2012.
- Findings will be disseminated in Rwanda in September 2012.
- A study brief will be developed by October 2012.
- One to two additional manuscripts for publication will be developed by June 2013.

Findings and Outcomes:

- Results from baseline data indicate:
- The mean number of months postpartum for study participants was 9.4 months.
- Unmet contraceptive need among married or sexually active unmarried women was 44.5% with 23.3% of participants having a need to space their births and 21.2% having a need to limit their births.
- Age and marital status were significantly associated with contraceptive use, but not religion, work status or education.
- Among Health Belief Model (HBM) variables, women with lower perceived barriers to receiving FP services were somewhat more likely to be currently using a modern method than those with higher perceived barriers (OR=0.84, 95% CI: (0.76, 0.94). Those with higher perceived susceptibility to an unplanned pregnancy were two and one half times more likely than those with lower perceived susceptibility to be using a contraceptive method (OR=2.5, 95% CI: (1.5, 4.3)).
- Users and non-users did not differ significantly on perceived severity of an unplanned pregnancy or on perceived benefits of FP services; there was nearly universal agreement among all study participants that an unplanned pregnancy would be a serious problem for them and their families (95.3%), and that FP methods are an effective way to prevent unintended pregnancies (98.5%).
- Examining the issue of perceived susceptibility in greater detail, non-users were more likely than users to hold misperceptions regarding contraceptive use during the postpartum period. Non-users were almost three times more likely to believe that breastfeeding women did not need to use a contraceptive method (OR=2.9, 95% CI: (1.6, 5.4)) and four times more likely to believe that postpartum women needed to await the return of menses before initiating a method (OR=4.0, 95% CI:(2.6, 6.0)).
- Among non-users, the most common reason noted for not using a contraceptive method was awaiting return of menses (44.3%). Non-users were also significantly more likely than users to be unaware that a woman could get pregnant before her menses returned after having a baby (OR=1.9, 95% CI:(1.5, 2.5)).

Increasing Family Planning Uptake among Postpartum Women: Testing Supply and Demand Solutions

Status: Complete *End Date: 11/30/2011*

Country(s): Zambia

FCO	Approved	C&G Closure	Tech Monitor
890030	6/10/2009	12/2/2011	GVance
114128	6/12/2007	4/28/2010	GVance

Objective(s): 1) To test whether supplying free pregnancy tests in low resource family planning clinics increases contraceptive uptake; and 2) To test whether a demand-generation intervention among new mothers attending immunization clinics increases the likelihood of their using contraception at 9-12 months postpartum.

Note: The study associated with FCO 112137, Evaluating the use of pregnancy tests in Ghana, was canceled because of concerns about the possibility that a woman could be pregnant despite a negative

pregnancy test; a smaller than anticipated number of women eligible for the study; and the study clinics being not well equipped to host a randomized trial.
The only remaining FCO open on the subproject beyond April 2010 was FCO 890030.

Description: Two strategies aimed at increasing the uptake of family planning among postpartum women were tested in a 3-armed study. Health facilities in Ghana and Zambia were randomized to one of the three arms. Arms 1 and 2 constituted the intervention arms and arm 3 was the control arm of the study.
The first intervention tested was the provision of free pregnancy tests in family planning clinics. It was theorized that the provision of the tests would result in an increase in the proportion of new clients who received a method immediately, compared to clients randomly allocated to control clinics. A record review of logbook data at FP clinics was completed. The proportion of new and restarting clients who received an FP method was compared both before and after the introduction of free pregnancy tests in control and intervention clinics.
With the second intervention strategy, researchers assessed whether family planning messages for new mothers attending immunization clinics increases the likelihood that immunization clients 9-12 months postpartum would be using contraception. Survey data were collected before and after the introduction of these FP messages in control and intervention facilities. The primary outcome assessed was use of non-condom contraception 9-12 months postpartum.
Field work in Zambia and analysis of the data were completed under PROGRESS FCO 890030.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Site assessment trips were made to Kenya and Ghana in Nov. 2007, as well as subsequent site preparatory visits in March 2008 to Ghana and Zambia
- The protocol was approved by PHSC in July 2008, by the Ghana Health Service Ethics Review Committee in Nov. 2008, and by ERES Converge in Zambia in March 2009.
- Ghana data collection:
- The research assistants were trained as data collectors in Jan. 2009. Baseline data collection went from Feb. to May 2009. In June, the interventions were introduced in the study sites.
- The post-test data collection was completed in FP clinics in Oct. 2009 and immunization clinics in April 2010. In-depth interviews with providers who had used the job aids were completed in Nov. 2009.
- Zambia data collection:
- Data collectors were trained in April 2009.
- Baseline data collection began in April, but paused for approximately 1 month due to a nurses' strike.
- Funding for the completion of the study in Zambia was secured under the PROGRESS FCO 890030.
- In Aug. 2009, the study coordinator introduced the interventions in the study sites.
- The post-test data collection was completed in FP clinics in Nov., as were the in-depth interviews with FP and immunization providers.
- FCO 114128 was closed on April 28, 2010. All remaining work continued under PROGRESS.
- Data cleaning and analysis took place in July and Aug.
- In-country meetings were held in Sep. in Kabwe, Zambia and Cape Coast, Ghana. Feedback from stakeholders at the meetings aided in the interpretation of findings.
- The research results regarding FP/Immunization integration were presented at the USAID Mini-University in Oct. 2010, at the USAID-sponsored meeting on the Integration of FP/HIV/MNCH Programs in March 2011, and on a panel at the 2011 Global Health Council Meeting.
- A research brief on the results of the immunization study was prepared. A manuscript regarding the findings of the FP/Immunization integration part of the research was submitted to the Bulletin of the World Health Organization on Dec 2 2011. It was rejected.
- FCO 890030 was closed Nov. 30, 2011.
- Work began on a brief summarizing the results of the pregnancy test part of the research. See FCO 890115.

Findings and Outcomes:

- A country-specific technical brief entitled, “Integration of Family Planning into Immunization Services in Zambia: Promoting Connections between Reproductive and Child Health Promotion Efforts” was completed and disseminated to stakeholders (M2009-56).
- A brief titled, “Family Planning Information and Referrals at Child Immunization Clinics: Study in Ghana and Zambia Highlights Implementation Challenges" (M2010-84) was disseminated at the FP/Immunization working group meeting on December 14, 2010.
- Major findings are summarized below:
- 1. Pregnancy Test Sub-study
- In Zambia, providing free pregnancy test strips to FP clinics lead to a statistically significant reduction in the proportion of clients who were denied their desired FP method (OR = 3.1, and p= 0.02 using a one-sided test).
- In Ghana, providing free pregnancy testing appeared to favor the control group, but the finding was not statistically significant (OR = 0.42 and p-value = 0.22 using a one-sided test). The proportion of clients denied a method was very low to begin with and often due to stock-outs.
- 2. FP/Immunization Sub-study
- In Zambia, the likelihood of a woman using a non-condom, modern method from pre to post test increased more for clients in the demand group than in the control group (OR = 1.2 and p-value = 0.56).
- In Ghana, the likelihood of a woman using a non-condom, modern method from pre to post test increased more for clients in the demand group than in the control group (OR = 1.05 and p-value = 0.86).
- Based on qualitative interviews with providers, it was determined that the intervention was not implemented as designed. Providers often gave information in group health talks instead of on an individual basis.
- Conclusions:
- 1. Providing free pregnancy testing is effective in reducing the proportion of clients denied their desired FP method in places where this is a problem.
- 2. It could not be demonstrated that providing referrals and FP messages to women at child immunization clinics improved FP usage in the 9-12 month postpartum period, although in both countries the results were going in the positive direction. Part of the failure to demonstrate impact may be due to the fact that intervention plan was not implemented as designed. Implementation failure highlights the challenge of integrating two programs together.

Assessment of the Quality of the Integration of Family Planning Services into Immunization Programs in India

Status: Complete *End Date: 3/31/2012*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892032	1/13/2011	3/12/2012	BGeorge
892031	1/3/2011	2/28/2012	BGeorge
892008	10/19/2009	3/31/2012	APrabhughate

Objective(s): 1) To describe how family planning and immunization services are currently integrated at different service delivery levels; 2) to assess how women attending immunization services evaluate their pregnancy risk and whether they do so accurately; 3) to determine what family planning messages would be appropriate for encouraging postpartum women at immunization services to adopt contraceptive methods, and how these messages can be most effectively delivered; and 4) to develop a strategy for

strengthening the integration of family planning and immunization services, including the steps needed to obtain buy-in for implementation of the integration strategy from immunization managers and providers. Note: In November 2010, following the feedback from the local IEC committee the title and objectives of the study were changed to better reflect the existing situation on integration and ensure relevance of the research question and findings.

Description: As the Government of India's Integrated Child Development Scheme (ICDS) expands, improved linkages of women with young children to the immunization programs are anticipated. These programs have the potential to serve as entry points for family planning services for women who may be interested in spacing or limiting their number of children, but have not accessed effective family planning methods.
This formative research on integrating family planning into immunization programs aimed to help in designing interventions such as demand generation for MCH/immunization, strengthening and monitoring infant and child health, as well as providing information on and demand generation for family planning methods and referrals.

Subgrantee(s): CARE; Sigma Research and Consulting

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional details.
- Meetings were held with potential stakeholders including CARE, MCHIP, Micronutrient Initiative, Public Health Foundation of India, and UNICEF to inform protocol development and to identify a partner for collaboration. CARE/India was selected as the study partner for its network and infrastructure in Jharkhand.
- The concept paper was submitted to USAID in Dec 2009 and the protocol was approved by USAID/India and USAID/Washington in Jun 2010.
- The study was submitted to the local IRB in July 2010, reviewed in Sept 2010; changes were requested in study design, objectives, and data collection instruments.
- A pre-assessment site visit to Lohardaga District, Jharkhand, was made in Oct 2010 to meet stakeholders and to inform protocol changes.
- The protocol was revised Oct–Nov, and was approved internally and by USAID in Nov.
- PHSC approval for the amended protocol was received in Nov 2010 and local IRB approval came in Dec.
- A subcontract was awarded to Sigma Research and Consulting Pvt. Ltd, for data collection, in Jan 2011.
- A subagreement was signed with CARE as the study partner in June 2010; a no-cost extension was given in June 2011.
- Data collection forms were approved in Feb 2011 and in March, they were pretested and finalized.
- CARE and Sigma staff were trained in Apr, data collection took place Apr-May 2011, and data entry was completed in June.
- Data analysis was completed in Sept 2011. Findings were shared with USAID/India, the Government of Jharkhand (GOJ), and development partners through small group meetings.
- A large dissemination meeting was held in Sept 2011, attended by high-level government and non-government representatives from family planning and immunization sectors. It was also well-attended by the media, resulting in seven articles in local and national newspapers.
- A study recommendations report was shared with the GOJ and USAID/India for feedback in Nov 2011. The Director, National Rural Health Mission (NRHM), GOJ was given the report in Dec.
- Study results were presented at the 2011 International Conference on Family Planning in Dakar, Senegal.

Past Six Months:

- Following discussions held with the NRHM Director, in January 2012, PROGRESS was asked: 1) To develop a standard operating procedure (SOP) for providing integrated immunization and family planning (FP) services; 2) To develop information-education-communication (IEC) and interpersonal

communication (IPC) materials on integrated FP/immunization services; and 3) To train select providers as training of trainers for implementing the SOP. These tasks were identified from the study recommendations, and were incorporated into the Program Implementation Plan (PIP), in coordination with NRHM Family Planning Cell in January 2012. Work on these three elements will take place under a new FCO 892048.
- The study recommendations report was finalized and published in March 2012. It was summarized into a research brief, which was published in May 2012.
- All FCOs for the study were closed by March 2012.

Findings and Outcomes:
- This assessment identified important health system, human resource, and community-level barriers that obstruct and affect the quality of integrated family planning – immunization service provision under NRHM in Jharkhand. Specifically, integrated service delivery is hampered by inadequate infrastructure at the service delivery site, commodity supply-chain problems, weak record keeping and reporting systems, insufficient provider training on integration, gaps in staffing, insufficient staff management, lack of IEC materials, and existing myths and misconceptions held by providers, the women they care for, along with their husbands, and mothers-in-law.
- Important recommendations from this study, namely, need for development of information-education-communication (IEC) and interpersonal communication (IPC) material for effective integrated service provision and training needs of frontline providers has been accepted by the government of Jharkhand. The government has accordingly agreed to budget for these activities in the next program implementation plan for FY 2012-13 and requested FHI 360 to provide inputs for the same.

Delivering a Community-Based Integrated Immunization and Family Planning Intervention to Postpartum Rural Women in India

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892048	11/10/2011		DYadav

Objective(s): 1) To develop a standard operating procedure (SOP) for providing integrated immunization and family planning (FP) services; 2) To develop information-education-communication (IEC) and interpersonal communication (IPC) materials on integrated FP/immunization services; and 3) To train select providers as training of trainers for implementing the SOP.

Description: In collaboration with the National Rural Health Mission (NRHM), FHI 360 conducted a study, “Assessment of the Quality of Integration of Immunization and Family Planning in India” in Lohardaga district, Jharkhand in 2010-2011 (see FCO 892008). The findings identified that providers do not follow a standard process while providing FP services at the time of offering immunization services, which results in inconsistencies in the quality of integrated services provided. The assessment also indicated that providers need information-education-communication (IEC) materials, interpersonal communication (IPC) materials and training for effectively providing integrated FP/immunization services. Following the process of research utilization, the proposed subproject will address the above recommendation through activities designed to bring about a qualitative change in integrated FP/immunization service provision under the NRHM in Jharkhand.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A concept note was developed in December 2011 and shared with USAID/India.
- The concept was also shared with the NRHM director in a meeting, at which findings from the earlier study were discussed. Inputs were sought for future avenues of collaboration and technical assistance from FHI 360.

Past Six Months:

- Following the discussions with the NRHM Director, in January 2012, PROGRESS was asked: 1) To develop a standard operating procedure (SOP) for providing integrated immunization and family planning (FP) services; 2) To develop information-education-communication (IEC) and interpersonal communication (IPC) materials on integrated FP/immunization services; and 3) To train select providers as training of trainers for implementing the SOP. These tasks were identified from the study recommendations, and were incorporated into the Program Implementation Plan (PIP), in coordination with NRHM Family Planning Cell in January 2012.
- A technical specialist in Jharkhand was recruited in February 2012 to provide logistical support and technical assistance at the field level.
- Consultants were recruited in March and April 2012 to develop the standard operating procedures (SOP) and the IEC/IPC materials.
- Preliminary interviews were held with key stakeholders in April and May 2012 about SOP and IEC/IPC needs.
- The SOPs were first drafted in May 2012 and reviewed in June 2012.
- A report on IEC/IPC recommendations was submitted and finalized in June 2012.

Year 5 Workplan:

- The SOPs and IEC/IPC materials will be pretested in early July 2012.
- Finalized drafts of the SOPs and IEC/IPC materials will be shared with the Government of Jharkhand in July 2012.
- Materials will be finalized and disseminated through the remainder of 2012.
- Based on the demand from the Government of Jharkhand, trainings may be provided on the SOPs.

Assessing Postpartum Reproductive Health Service Utilization in Amhara Region, Ethiopia

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): Ethiopia

FCO	Approved	C&G Closure	Tech Monitor
892059	4/17/2012		DShattuck

Objective(s): The primary objectives are: 1) To test the relationship between exposure to front line workers (FLWs: comprised of Health Extension Workers (HEWs) and community health workers (CHWs)) postpartum contraceptive uptake, looking at time of initiation and FP method; 2) To test the relationship between facility-based delivery and postpartum FP uptake; 3) To test the relationship between FP knowledge and postpartum FP uptake.
The secondary objectives are: 1) To estimate the number, location and type of birth outcomes in each kebele using key informants (HEWs, CHWs, and traditional birth attendants (TBAs)); 2) To test the relationship between distance from home to local health facility and facility-based delivery; 3) To test the relationship between FLWs attitudes toward FP and postpartum FP use at the kebele level; 4) To test the relationship between distance from home to local health facility and postpartum FP use; 5) To develop suggestions for ways to improve demand for postpartum FP services.

Description: In Ethiopia, HEWs are tasked with providing a continuum of care to women, but there is little information on how these continuum of care services are impacting postpartum contraceptive uptake. Only 10% of women in Amhara deliver in facilities (CSA, 2011) and 90.8% of women and children in Amhara do not receive a postpartum checkup (CNHD, 2011). A recent 2010 assessment on the impact of the Health Extension Program has shown improvements in both providing access to FP methods and messaging, but there are still inroads to be made with delivering children at home and postpartum care in rural areas of the country. Limited exposure to HEWs can be attributed to several factors: distance from health posts, no previous interaction with HEWs, cultural birthing practices and inability to plan for visits with HEWs despite the FMOH goal to increase facility-based births (MaNHEP, 2011).
A cross-sectional mixed-methods descriptive study will be used to answer the study objectives. Participants will be identified and recruited from 30 randomly selected kebeles in the Amhara Region of Ethiopia. First, FLWs will participate in brief structured interviews to understand barriers to postpartum FP uptake. FLWs and TBAs will be asked to identify eligible women in their communities. Second, a randomly selected sub-sample of FLWs will participate in in-depth interviews (IDIs). Third, women who have given birth in the past two years (identified by FLWs, TBAs and community informants) will answer survey questions and a sub-sample will be systematically asked to take part in focus group discussions (FGDs). Findings from this study will be used to develop recommendations to improve demand for postpartum family planning services and assist Ethiopia in achieving MDGs 4 and 5.

Activities, Accomplishments, Problems:
Past Six Months:

- Discussions were held with the Amhara Regional Health Bureau to identify an appropriate research study.
- The research protocol and associated research tools (informed consent forms, interview guides, focus group discussion guides, study questionnaires) were developed.
- Study documentation was translated into Amharic.
- The protocol was approved by USAID/W in June 2012 and ethical approval was received from PHSC.
- The protocol was submitted to local IRB (Amhara Regional Health Bureau) for ethical approval.
- Study training and initiation materials were prepared.

Year 5 Workplan:

- The data collection plan will be finalized in September 2012.
- Also in September, pretesting of questionnaire and guides will be completed; appropriate modifications will be made.
- Following local ethical approval, expected by October 2012, data collection activities will be implemented.
- Data will be cleaned in November and December 2012.
- In January and February 2013, collaborative analyses will be conducted with staff from the Amhara Regional Health Bureau.
- A study report will be developed and finalized by April 2013.

MCH & FP Integration: Immunization & Other Postpartum Opportunities

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890081	2/3/2010		KRademacher

Objective(s): 1) To identify and promote effective models of integrating family planning referrals and services into maternal and child health (MCH) programs with a focus on child immunization and postpartum (PP) services; 2) to establish strategic relationships with key partners outside of the FP field, including immunization stakeholders and cooperating agencies focused on antenatal and postpartum service delivery; and 3) to provide concrete guidance to USAID missions, MOHs, service delivery programs, and others on how to integrate FP and MCH services.

Description: Integrating FP into MCH services represents a promising approach to meeting the contraceptive needs of postpartum women, a population with high unmet need for contraception. In particular, providing FP information, referrals and/or services to mothers during child immunization visits can be a way to efficiently reach women who may be highly receptive but have limited access to FP programs. PROGRESS will provide global technical leadership in promoting evidence-based approaches to integration of MCH and FP services, as well as technical assistance at a country-level to Ministries of Health and service-delivery organizations. Strong collaborations will be developed with other USAID-funded projects including MCHIP, ACCESS-FP, and MSH/STRIDES.

Collaborating Agency(s): Jhpiego; John Snow, Inc.; Management Sciences for Health (MSH); Save the Children; UNICEF; World Health Organization (WHO)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- A new Working Group on FP/Immunization integration was established that is co-sponsored by PROGRESS and MCHIP. Meetings were held in Dec 2009, Dec 2010, and Sept 2011. Topics have included service delivery models and global research and advocacy agendas.
- A brief titled, "Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health" was completed and co-branded with MCHIP. The brief was disseminated at relevant meetings and posted on the PROGRESS website.
- In partnership with MCHIP, PROGRESS developed an annotated bibliography on FP/Immunization integration that was disseminated through the Working Group in Dec 2010.
- An analysis of DHS data from four countries indicated that during the postpartum period, the presence of menses seemed to trigger use of FP, rather than the current LAM criteria.
- Information about country-level experiences with FP/immunization integration was synthesized into an online global map and accompanying table. Links to the map and table were posted on the PROGRESS web site and distributed to key partners.
- Presentations were made at the 2010 Global Health Mini-University; an USG-sponsored MNCH-FP-Nutrition Integration Consultation in March 2011; a GHC meeting in April 2011; the GHC conference in June 2011; and during the International Conference on Family Planning in Dec 2012 in Dakar.
- Resources and technical input were provided to support development of a new K4Health Toolkit on Healthy Timing and Spacing of Pregnancies (HTSP) that went live in April 2011.
- FP/Immunization integration was highlighted on USAID's revised High Impact Practices (HIP) list as a 'promising' strategy to reach postpartum women. Advocacy in this area was supported by PROGRESS and MCHIP.
- A 15-day online discussion forum entitled, "Integrated Service Delivery of Immunization and Family Planning" was hosted by MCHIP and the FP/Immunization Working Group, which PROGRESS co-sponsors. RU staff helped plan the forum, and both research and RU staff from FHI 360 served as expert facilitators.

Past Six Months:

- A draft of a technical brief on strategies to reduce unmet need for FP among postpartum women through the integration of FP and child immunization services was developed in collaboration with MCHIP. This brief will be part of a series that will supplement the USAID HIP list and provide practical guidance to Missions and other stakeholders. The draft was submitted to USAID, UNFPA, members of the HIP Technical Advisory Group (TAG) and other technical experts for review.
- In consultation with USAID, PROGRESS decided to focus its second end-of-project technical meeting on Postpartum Family Planning. Agenda items will include FP/immunization integration; women and

providers' understanding of return to fertility; pregnancy tests; and postpartum IUD. Planning for the meeting, which will be held in July, was initiated.
- A meeting of the FP/Immunization Integration Working Group was convened in May 2012 in Washington DC. The agenda included an exploration of the various integration models; a series of programmatic and research updates from FHI 360, MCHIP, PSI and IntraHealth; an update on HIP brief and integrated program experience map; and break-out discussions about strategic priorities and key action items for sub-Working Groups.
- Technical input was provided to support the launch of USAID's new HIP map on K4Health, which went live in April 2012, including a map on FP-Immunization integration.

Year 5 Workplan:
- PROGRESS will continue to co-sponsor the FP/Immunization Working Group with MCHIP, convening two working group meetings during the year.
- An end-of-project meeting on Postpartum Family Planning will be held in July 2012, which will highlight new research findings and provide a forum to identify strategic priorities with key partners in the field.
- The HIP brief on FP/immunization integration will be finalized and disseminated in partnership with USAID and UNFPA.
- FHI 360 will potentially develop, publish, and disseminate a "how to" guidance document and/or TA package on FP/immunization integration in partnership with members of the Working Group.
- Depending on the results of the FP/immunization study ongoing in Rwanda, and working with the research leads, an analysis comparing the results of the Rwanda intervention to the intervention done in Ghana and Zambia will be completed and written up.
- Using evidence-based RU strategies, champions from the immunization community will be identified and engaged to advance integration at the country and global levels.
- PROGRESS will develop an RU and scale up strategy for FP/immunization in at least one country (most likely Rwanda once results from the PROGRESS study are known).

Findings and Outcomes:
- A technical brief titled, "Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health" was completed and co-branded with MCHIP (M2010-34). The brief explains the rationale for integration and provides a summary of existing evidence.
- An online map was launched which highlights country-level programmatic experiences with FP and immunization integration.
- A strong collaboration with MCHIP has been established, and a new Working Group focused on FP/immunization integration with over 15 participating organizations was formed. The Working Group has begun identifying service delivery guidelines and recommendations for effective integration.
- Due in part to an effort led by Working Group members, FP and immunization integration was included as a 'promising' practice on USAID's High Impact Practice (HIP) list. USAID used online FP/immunization map as a model for other HIPs.
- A 15-day online discussion forum titled, "Integrated Service Delivery of Immunization and Family Planning" was hosted by MCHIP and the FP/Immunization Working Group, which FHI 360 co-sponsors. Through the forum, recommendations regarding service delivery guidelines were provided.
- A new technical brief on FP/immunization to accompany the HIP list was drafted and will be finalized by mid-2012.

Assessing Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890108	6/4/2010		CLasway
890095	5/21/2010		DChin-Quee
890029	6/10/2009		DChin-Quee

Objective(s): To determine if women can self-screen for contraindications to hormonal contraceptive methods and to document the prevalence of these contraindications.

Description: Tanzania has a high unmet need for family planning. Most of the demand is for spacing, which can be filled by effective short-term methods such as pills and injectables, but these are difficult to obtain in rural areas. Private sector establishments such as drug shops are numerous and accessible in rural areas, and often serve as the first stop for health care services for many rural residents. In order to advocate for increasing access to these hormonal methods in non-clinical settings, women of reproductive age were intercepted at drug shops to determine if they can accurately self-screen for medical contraindications to hormonal methods as defined by Categories 3 and 4 of WHO's medical eligibility criteria. Women's assessments were compared to those of an on-site nurse who measured blood pressure and recorded health histories to determine the proportion of women with contraindications to hormonal methods.

Subgrantee(s): National Institute for Medical Research - Muhimbili Medical Research Centre (NIMR-MMRC)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- The subgrantee, NIMR-MMRC, was identified in Sept 2009, with the subagreement approved in June 2010.
- The protocol was approved internally in February 2010, by USAID/W and the PHSC in March, and by local IRB in July 2010.
- Chin-Quee traveled to Tanzania in April 2010 to meet with NIMR-MMRC, plan study logistics, and initiate subagreement development.
- Chin-Quee traveled to Tanzania in July to oversee interviewer training and pilot testing. Fifty-two nurses and clinical officers were trained by NIMR and FHI 360 staff in Dar es Salaam to intercept women of reproductive age in drug shops and assess their ability to self-screen for contraindications to oral contraceptive use.
- Data collection started the last week of July 2010 in the study districts of Morogoro and Ruvuma and was completed in mid-Sept. More than 1,600 female drug shop clients of reproductive age were interviewed in Aug. and Sept.
- Otterness travelled to Tanzania between September and Oct. to provide technical assistance in database creation, data management and analyses to NIMR.
- Data entry, management, cleaning and verification were conducted at both NIMR and FHI/NC through the end of Dec. 2010.
- Data analysis commenced in Jan. 2011 and preliminary results were produced and circulated among research team members. Work was put on hold in the spring of 2011, as attention was diverted to another PROGRESS study that required immediate and full attention.
- The dissemination workshop in Dar es Salaam was rescheduled from June to Sept. 2011.
- In Oct, study results were disseminated in three separate meetings with the USAID Mission, implementing partners working with drug shops, and the Tanzania Food and Drug Authority.

Suggested recommendations based on the study findings included expanding access beyond CBD and consider other groups such as dairy cooperatives and microfinance groups, adoption of the self-screening poster to be used in ADDOs, and the possibility of ADDOs selling (not administering) DMPA.
- In Nov, Chin-Quee presented the study findings at the International Conference for FP in Dakar, Senegal.

Past Six Months:
- In February 2012, a research brief was developed.
- In May 2012 the paper writing of a journal article began.
- In May 2012, plans to develop an advocacy strategy were initiated in consultation with implementing partners working with drug shops (PSI and T-MARC). The plan is to advocate for inclusion of DMPA in the ADDO list of prescription medicines dispensed for administration in a health facility.

Year 5 Workplan:
- Chin-Quee and colleagues at NIMR-MMRC will complete the development of a manuscript for publication.
- Work with PSI and T-MARC to modify and print the self-screening poster to be used in ADDOs will continue.
- PROGRESS and partners will discuss the DMPA in ADDOs advocacy strategy with the MOH, as well as other opportunities for research utilization related to this study.

Findings and Outcomes:
- The study found that while the reasons for ruling oneself eligible or ineligible to use COCs were not always the same for ADDO clients and the study nurses, the results suggest that women are capable of self-screening for contraindications to COC use. The proportion of women who reported that they were not eligible to use the method was similar to the proportion reported by study nurses. Moreover, ADDO clients tended to be slightly more conservative than nurses, ruling themselves ineligible more often than the trained providers did.
- As such, PROGRESS will advocate for removing barriers from provision of hormonal methods in ADDOs and will promote self-screening.

Increasing Family Planning Access and Uptake Through DMPA Sales at Licensed Chemical Shops

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Ghana

FCO	Approved	C&G Closure	Tech Monitor
890139	6/29/2011		KDzasi

Objective(s): 1) To determine the feasibility of Licensed Chemical Shops within the Mobilize Against Malaria (MAM) network selling DMPA; and 2) to determine if the sale of DMPA at Licensed Chemical Shops will increase access to and reported use of DMPA.

Description: In many countries, private-sector chemical shops are the first place from which people seek health care. In Ghana, Licensed Chemical Shops are regulated through the Ghana Pharmacy Council and are legally allowed to sell over the counter drugs, including oral contraceptive pills. Recently through the Mobilized Against Malaria (MAM) project in the Ashanti Region, Licensed Chemical Sellers (LCS) were trained to correctly dose and administer artemisinin-based combination therapy (ACT) and to recognize and refer complicated malaria cases to the nearest health facility. They have also been trained to collect data and to report regularly on their dispensing activities and other information to the district

health management team (DHMT). This program has been very successful with an increase in the recommendation and use of ACTs as well as an increase in the recognition and referral of complicated malaria cases to health facilities for treatment.
Building on the encouraging results of the MAM project, PROGRESS has trained a sample of the LCS from the MAM network to sell socially-marketed DMPA and to refer to clinics for the injection. Training LCS to sell DMPA involved providing a training that consisted of FP counseling, screening, and referring, as well as record keeping to track sales and referrals of DMPA. Baseline data will be gathered through existing data sources such as clinic registers and data from a social marketing firm (Exp Social Marketing). A sample of DMPA clients of LCS will be interviewed approximately 2-4 weeks after the purchase of DMPA and again 3 months later. At approximately three months after training LCS to sell DMPA, follow up data will be collected from existing data sources as well as from LCS registers and a sample of LCS. All interviews will be conducted using mobile phones.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- This activity was originally called "Research and Advocacy in Support of Expanding the FP Method Mix at Drug Shops" and activities were planned in Nigeria and Bangladesh. Due to various issues the Nigeria and Bangladesh work was not initiated. The money was reprogrammed to Ghana in June 2011. PHSC approval was given for the protocol in November 2011.
- Lebetkin and Stanback, along with PROGRESS AOTR M. Karra, traveled to Ghana in December 2011 to meet with stakeholders and explore possible expansion of the research study.

Past Six Months:

- The protocol was submitted to the Ghana Health Services IRB in January; it was approved in April 2012.
- Lebetkin and T. Orr traveled to Ghana in May and June 2012 to work with K. Dzasi to train 105 LCS in two districts to sell DMPA and to train 8 data collectors for the study.
- Initial data collection started in late June 2012.

Year 5 Workplan:

- Data collection is ongoing and will end in Dec2012. Data will be entered into a database as they are received.
- Database development will occur in July 2012.
- Data analysis will occur between Jan 2013.
- A dissemination meeting will occur in Ghana in March 2013.
- A research brief and journal article will be prepared in May/June 2013.

The Contribution of Drug Shops to Family Planning Uptake in Four Districts in Uganda

Status: Ongoing *Projected End Date: 4/30/2012*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
892069	8/15/2012		DChin-Quee/PWamala

Objective(s): 1) To estimate the proportion of drug shop family planning clients who are: a) new to family planning; and b) new to DMPA use; 2) To estimate the market share of family planning method uptake of all methods provided by drug shops in the four districts; 3) To determine: a) among all clients the level of client satisfaction, family planning use, quality of care, counseling, and intention to continue with drug shop operator provision of family planning services; and b) among DMPA clients their knowledge of

DMPA use; and 4) To document reasons for switching methods and service points among clients who did so.

Description: In order to carry out enhanced monitoring and evaluation (M&E) activities of family planning provision by drug shops, PROGRESS will work in partnership with the STRIDES project to assess the contribution by drug shops to family planning service provision in four districts in Uganda. Service statistics collected from project drug shops will be used to determine the proportion of drug shop clients who are new to family planning and to DMPA use. The proportion of clients who obtain family planning services from drug shops (compared to other sources in the STRIDES districts) will be estimated as drug shop market share. Interviews with family planning clients of drug shops will also be conducted to determine their acceptance of and satisfaction with drug shop-provided family planning services. By including client feedback, this evaluation will build on results from the pilot study conducted in Nakaseke, Luwero, and Nakasongola in 2009 that assessed knowledge, attitudes, and practice via interviews with drug shops operators only. Ultimately, the findings from this M&E activity will feed back into the STRIDES program to improve private sector provision of family planning services.
This activity builds on initial work conducted under FCO 892042 and TA provided by FCO 890080.

Activities, Accomplishments, Problems:
Past Six Months:

- Under FCOs 892042 and 890080, an M&E plan was finalized and submitted for review in May 2012. In-house and IRB approval were received in the same month.
- Training of data collectors, orientation of STRIDES' drug shop operators, and fieldwork began in June 2012.

Year 5 Workplan:

- Fieldwork continues through September 2012, and data entry, cleaning and management will be performed concurrently in the months of August and September.
- Data analyses will begin in October and conclude in December 2012.
- Preparation of the final report and dissemination will take place between January and March 2013.

Research and Advocacy in Support of Expanding Family Planning Provision Through Drug Shops

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Ghana, Worldwide

FCO	Approved	C&G Closure	Tech Monitor
892066	8/21/2012		TOrr
890155	7/13/2012		ELebetkin

Objective(s): To support a package of research and research utilization activities focused on expanding access to family planning via drug shops.

Description: Informal drug shops are often the first line of health care for the poor in many developing countries. Not to be confused with pharmacies, drug shops do not ordinarily employ pharmacists and are supposed to sell only non-prescription, prepackaged medicines. A varied literature critiques the quality of services that drug shops provide, but also praises their accessibility and low cost, noting in particular their popularity in underserved rural areas. In some African countries, drug shops are an important source of contraceptive supplies, in spite of the fact that sales may be illegal for popular methods such as DMPA. Recently, USAID, WHO and others have shown interest in the potential of private drug shops to reduce

unmet need for family planning. However, this interest has highlighted the lack of evidence on the safety, feasibility, and efficacy of provision of FP by drug shops.
PROGRESS is currently working to respond to that lack of evidence through research activities in Ghana and Tanzania. As other opportunities to strengthen the evidence base through monitoring and evaluation and support to research as well as to engage in both global and country-specific advocacy and research utilization, PROGRESS will respond to those opportunities under this subproject. This subproject will support a package of activities in Year 5 designed to both gather new data and examine existing evidence, building a consensus internationally, as well as nationally in selected countries, on the utility and proper role for provision of FP in drug shops. This package of research and research utilization will build on FHI 360's and others' previous and ongoing work.

Collaborating Agency(s): World Health Organization (WHO)

Year 5 Workplan:

- The USAID Mission in Ghana allocated field support funds (FCO 892066) to PROGRESS to support a study tour for Ghana MOH, Mission, and other stakeholders to visit Bangladesh to observe the provision of DMPA and other contraceptive methods via drug shops. The study tour, of approximately 7 individuals, is scheduled for February 2012, and is closely linked to the ongoing study on DMPA sales at drug shops in Ghana (FCO 890139/890149).
- The High Impact Practice brief, "Drug Shops and Pharmacies: Important sources for family planning commodities and information," drafted in June and July 2012 (under FCO 890115) will be finalized in consultation with USAID. The brief will also be reworked to be a PROGRESS technical brief and posted on the PROGRESS website.
- PROGRESS will also support a researcher from the University of Ibadan in Nigeria to disseminate the results and engage in research utilization related to his WHO-funded study on the provision of DMPA via drug shops in Nigeria (called patent medicine vendors). Currently, provision of pills is legal in such shops, but sales and injections of injectable contraceptives are illegal, even when the operator of the shop is a qualified family planning provider (such as a MOH Community Health Worker). PROGRESS funds will support a dissemination meeting, the development of a brief summarizing the results, and other dissemination and/or advocacy work.
- PROGRESS will also work with WHO and USAID to engage in knowledge sharing, interest building, as well as dissemination and utilization of forthcoming research results through the establishment of an ongoing forum and/or hosting of a meeting(s) at the global level.

Microfinance Programs as a Means for Delivering Family Planning Information and Service in India

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
890133	3/14/2011		RHoman
890127	11/18/2010		RHoman
890128	11/16/2010		RHoman
890034	6/17/2009		RHoman

Objective(s): 1) To test the feasibility of training microfinance advisors to deliver FP information and services as a regular part of their interaction with clients; 2) to measure current unmet need and contraceptive use among microfinance clients; 3) to measure contraceptive uptake among clients whose microfinance advisors receive training in delivering FP information and services; and 4) to estimate the costs of the intervention and the potential for scale-up.

Description: In India, there is relatively low use of spacing methods so reaching low parity women to promote the healthy timing and spacing of pregnancies outside of the health sector, via microfinance programs, can serve as an important complement to the existing MCH programs.
In partnership with an existing microfinance organization, PROGRESS is providing technical assistance in the content and delivery of training to village health guides (VHG) on family planning awareness and referrals to local sources, including community-based family planning programs. Due to restrictions on who can provide FP methods, the existing microfinance advisors are not directly distributing FP methods. A baseline measure of unmet need, FP use and access to FP services among microfinance clients prior to the delivery of FP messages by the microfinance advisors, has been collected. The VHG will offer FP messages and referrals to clients on a regular basis. This will continue for at least 8 months after which time, the assessment of unmet need and FP use will be repeated. While this non-experimental design is less robust than a quasi-experimental non-equivalent control group design, our outcome measure of interest is behavioral, the threats to validity from testing, maturation and instrumentation are minimized. The relatively short time horizon minimizes history threats to validity. In addition, a costing component of the study will also provide data on the cost to replicate such a model for other similar microfinance organizations.

Subgrantee(s): GfK Mode; IRH/Georgetown; NEED

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- A concept paper was approved in November 2009.
- Homan traveled to India in February 2010 and selected Network of Entrepreneurship & Economic Development (NEED), which already has a cadre of village health guides (VHGs) who can be mobilized to deliver FP messages and facilitate referrals to services.
- A protocol was approved by USAID and Future IRB in January 2011.
- The intervention was developed in collaboration with NEED and with an eye towards scale-up and sustainability.
- Georgetown's Institute for Reproductive Health (IRH) office in India was identified as a local implementing partner for the training of VHGs and adaptation of the FP training curriculum.
- Basu traveled to the US to develop the analysis plan and costing template with Homan in October.
- Stakeholder meetings were conducted with the government of Uttar Pradesh and Micro Credit Summit Campaign India in November and December 2010.
- Subagreements with NEED, GfK Mode (research agency), and IRH were signed in March, April, and May 2011, respectively.
- Baseline survey data collection and the adaptation of FP training curriculum and job aid were completed in June 2011. IRH also translated these materials in Hindi for distribution to VHGs.
- GfK Mode completed the data cleaning and data entry in August 2011.
- IRH conducted a five-day training (in 2 batches) in October 2011 in Lucknow for four development coordinators (DCs) and 35 VHGs from NEED on delivering family planning related information to microfinance clients based on FP training curriculum, flipbook, and job aids.
- Following this training, VHGs started incorporating FP messages into their existing schedule of field visits and to refer community members for family planning services since November 2011. NEED also developed the referral resource directory for making referrals to local sources.
- Monitoring and reporting formats, including IRH checklists for DC supervision, record keeping for DC and VHGs, and DC checklist for VHG supervision were developed by PROGRESS.
- IRH developed a Knowledge Improvement Tool for spot-checks of VHGs.

Past Six Months:

- Refresher training was conducted by NEED development coordinators, and FP group sessions and home visits were conducted by VHGs during Jan-June 2012.
- Analysis of the baseline data was conducted in February 2012.
- In May 2012, FHI 360 hired a film maker for capturing the intervention activities in a video. The 10-minute video will describe the intervention and be used by NEED for gaining support for scale-up.

- Monitoring visits to the intervention sites were conducted by IRH and FHI 360 through June 2012.
- Development of follow-up data collection forms for the endline survey was undertaken in June 2012.
- A script for the video was developed and filming was conducted in June 2012.
- A no-cost extension for the research agency under this study (GfK Mode) was completed in June 2012.

Year 5 Workplan:
- The video will be finalized and made available in August 2012.
- Endline data collection forms will be finalized in July 2012.
- Endline data collection will be undertaken in Aug-Sept 2012, with analysis taking place in Sept-Oct 2012.
- A draft scale-up plan for NEED will be prepared by October 2012.
- A district consultation meeting with government health officials will be conducted in November 2012.
- A data interpretation workshop is planned for November 2012.
- A research brief will be drafted for the November meetings and finalized in December 2012.
- An intervention package, including the training curriculum and other tools, will likely be developed by February 2013.
- A manuscript for publication will be submitted by March 2013.

Family Planning Incorporated into Microfinance Programs in Kenya

Status: Ongoing *Projected End Date: 1/30/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890032	6/11/2009		GEtheredge

Objective(s): The primary objective of this study is to assess if incorporating family planning messages into a microfinance organization's activities increases modern contraceptive use among its female clients. Secondary objectives include: 1)Develop appropriate messages about family planning (FP) and the links between family planning and microfinance that can be delivered by microfinance officers (MFOs); 2) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among female microfinance clients in intervention and comparison groups pre- and post-intervention; 3) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among male clients in the intervention and comparison groups pre-and post-intervention; 4) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among microfinance officers whose microfinance groups receive family planning information compared to those MFOs whose microfinance groups do not receive family planning information pre- and post-intervention; 5) Measure the costs of the intervention and estimate scale-up costs; and 6) Determine whether this study reaches women, both in the intervention and comparison groups, in the lowest wealth quintiles in Kenya.

Description: In Kenya, more than one-third of pregnancies are mistimed or unwanted. Meanwhile, the microfinance industry is burgeoning among women in Kenya. The economic and social bonds promoted during these meetings provide an opportune venue to promote another social and economic issue, family planning.
In partnership with K-Rep Bank, the largest microfinance organization in Kenya, PROGRESS will provide training to K-Rep's microfinance officers to deliver family planning messages and referrals to local MOH clinics providing family planning services. The study design will be a cluster randomized pre- and post-test intervention in Coast, Rift Valley, Nyanza and Western provinces. The microfinance officers in these

4 provinces will be randomized into intervention and control groups, such that half will deliver the intervention (20 minute sessions every other week, integrated into the existing meetings) and half will not (these controls will not be trained in the intervention). We will collect a baseline measure from the microfinance clients on FP use, knowledge and attitudes, and access to FP services. Similar information will be collected from the microfinance officers. Data collection will be conducted via cell phone. The intervention will last 9 months. At 3 months process measures will be assessed. At the end of the 9 months, the indicators will be collected again in order to measure change post-intervention. All those who responded at the beginning of the intervention will be contacted; loss to follow-up is projected to be minimal due to the close relationship between microfinance officers and their clients. Should the intervention prove successful and clients with family planning messages show an uptake in modern contraception, K-Rep may incorporate the delivery of the messages into their corporate plan.

Collaborating Agency(s): K-Rep Bank

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- G. Etheredge traveled to Kenya in Dec. 2009 to discuss the protocol with FHI/Kenya and K-Rep Bank.
- The memorandum of understanding between FHI and K-Rep Bank was signed in June 2010 and protocol approved by USAID in July.
- IRB approval was obtained from the Kenya Medical Research Institute (KEMRI) and PHSC in August.
- From Oct. 2010 - Jan. 2011, a FP training curriculum for the MFOs was developed.
- Data collectors were trained in Jan. and Feb. and baseline data collection occurred in Feb.
- Because of challenges in recruitment in Coast and Rift Valley (outside of the control of PROGRESS), the intervention was expanded to two additional provinces; Western and Nyanza provinces were added in March.
- The FP training curriculum, MFO training guide, and client booklets were finalized in April 2011.
- Baseline data for clients from these two provinces were collected in April and May and entered in May and June 2011.
- Fourteen MFOs and 2 regional managers were trained and the intervention began in June 2011.
- G. Etheredge and C. Mackenzie attended four microfinance meetings and offered supportive supervision to MFOs as they introduced the FP sessions to clients.
- 2000 copies of the FP client booklets were printed and distributed.
- The study monitor/project assistant provided monitoring and supportive supervision to all the MFOs.
- MFOs are providing FP messages to their groups; however, the groups are beginning to meet less often because of unrelated delays in receipt of loans.
- A system for tracking microfinance officers' activities at the meetings was implemented.
- A draft document providing answers to commonly asked questions was produced and circulated to all MFOs in Nov. 2011.
- Intervention tracking and costing data from July – December 2011 were entered and analyzed.
- PROGRESS/Kenya staff working on this activity, C. Mackenzie and B. Mutuku, attended FHI 360's Strategic Information Global Technical and Scientific Leadership Workshop held in Nairobi.

Past Six Months:

- From January - March 2012, PROGRESS continued providing supportive supervision to the MFOs, and continued collecting and entering both intervention tracking and costing data.
- In March 2012, it was decided to terminate the study early due to issues at K-Rep Bank outside of FHI 360's control. The family planning information sessions had ceased as the majority of microfinance groups were no longer meeting. Tracking tools to follow the intervention's progress were collected to the extent possible.
- In June 2012, C. Mackenzie and G. Etheredge interviewed 8 K-Rep Bank personnel (4 upper management and 4 MFOs) about the project closing, including successes, challenges, and suggested alterations were the research to be implemented at another time and setting.
- In June 2012, a close-out plan was devised.

- Questions pertaining to the intervention process, the information delivered, and any actions taken were developed to ask selected clients, and the list of randomly selected client identification numbers was generated.

Year 5 Workplan:
- In August 2012, all clients who participated in a pre-intervention interview will be sent a message in Kiswahili stating that the study has been terminated and that they will not be contacted for a follow-up interview.
- In August 2012, 16 randomly selected clients will be interviewed about the intervention process and the messages. The data will be used to analyzed and written up for inclusion in overall findings.
- A profile of the microfinance clients and microfinance officers (characteristics, attitudes, and practices) may be drafted and submitted for publication, by December 2012.
- An overview of the process, the successes and the challenges of the design, implementation and resolution may also be drafted and submitted for publication, by December 2012.
- Based on the knowledge gained by this experience and the wealth of material developed, but dependent on available funding, the team will consider packaging the intervention and study materials for sharing with other organizations interested in microfinance/family planning integration.

Findings and Outcomes:
- The intervention was prematurely stopped due to circumstances beyond our control. K-Rep Bank, the microfinance NGO through which the FP messages were delivered, was unable to continue dispersing loans. As such, the microfinance groups gradually dissolved, meeting only to try and recover their invested money; the microfinance officers were either terminated by the bank or were reassigned to other duties. Positive outcomes include the development of materials to support a future family planning / microfinance integration intervention research study and lessons learned on how to better gauge the tenability of collaborating institutions.

Feasibility of Providing Family Planning Services through Dairy Cooperatives

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890059	9/29/2009		JBratt

Objective(s): 1) To develop evidence that will be used to support decisions to introduce a package of FP/RH information and services through dairy cooperatives; 2) to work with the Land o' Lakes International Development Division (LoL/IDD) and local stakeholders to increase demand for family planning among co-op members; 3) to help LoL/IDD and other cooperatives and insurance schemes to scale up or add family planning to their services; and 4) to support the Ministry of Health (MOH) and the cooperatives to institutionalize the Field Day Health Camp (FDHC) model.

Note: The fourth objective was added in June 2012 to reflect the post-study research utilization component on the activity.

Description: This subproject worked with Land O' Lakes International Development Division (LoL/IDD) in Kenya 1) to identify, in locations nearby to selected dairy cooperatives, potential providers of a package of primary health services including FP, and 2) to assess interest of cooperative members, their dependents, and other community members in utilizing this package and their willingness to pay for it either through deductions from milk sales or out-of-pocket. For point 1, an environmental scan of current

service availability including private and public sector providers in the vicinity of co-op installations was conducted. In each location we hoped to identify at least three clinicians who already provide a range of FP methods (or would be trained to do so). For point 2, we conducted a survey of attendees of co-op sponsored "field days" to determine potential demand for a package of primary care services including FP. Respondents were asked about unmet need for FP, interest in receiving other services, preferred location and willingness to pay for services. Information on predicted utilization, provider reimbursement and market prices of milk were used to calculate a price of the service package as well as the amount of milk withholding needed from cooperative members.
While it was hoped that a second study could be initiated in another LoL/IDD-supported country, efforts in three countries (Zambia, Malawi and Tanzania) ultimately were unsuccessful. Alternatively, it was decided to extend the activity in Kenya to include an institutionalization component, in which the pilot elements initially supported by PROGRESS would be distributed to various stakeholders in line with their interests. This component was approved in July 2012 and field activities began in August 2012.

Collaborating Agency(s): Land O'Lakes Development Division

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- USAID/Washington approved the concept paper in December 2009.
- J. Bratt traveled to Kenya in December to meet with LoL/IDD and FHI 360/Nairobi staff to discuss the proposed study and to begin writing an implementation plan.
- The FHI 360– LoL team initiated implementation in Kenya and began seeking a second site in another LoL country.
- FHI 360/NC and Nairobi staff drafted the study protocol and data collection forms, and defined contents of the service delivery package in conjunction with LoL/IDD.
- Bratt visited Malawi and Zambia in April 2010 to discuss additional study sites, but neither country proved suitable for the study.
- The study protocol was approved by USAID/Washington in June 2010, and by KEMRI IRB and provincial and district authorities in July 2010.
- Data collectors were recruited and trained in Kenya during July 2010.
- Data collection was completed in Kenya in November 2010, with a total of 319 interviews conducted across seven field days.
- Masaba made a presentation to the Kenya Obstetrical and Gynecological Society, focusing on the rationale, objectives, and methods of the study.
- Discussions were held with LoL on strategies for working with cooperatives to utilize the study results, and results were disseminated to cooperative management and MOH in August 2011.
- Masaba presented the study results at the International Conference on Family Planning in Dakar in December 2011.
- Bratt and G. Vance attempted to initiate another study site with the Tanzanian Dairy Development Program (TDDP), but ultimately a decision was made not to proceed due to internal challenges facing the LoL/Tanzania office.

Past Six Months:
- The research brief for the Kenya pilot was completed (M2012-06).
- The terms of reference for a follow-on institutionalization activity were defined in consultation with the APHIAplus Rift Valley project, Land o' Lakes, and the Kenya Ministry of Health.
- Bratt and Masaba wrote a proposal for this activity and received USAID approval in June 2012.
- Follow-up interviews were carried out with LoL-supported dairy cooperatives regarding continuation of field day health camps after completion of the pilot.

Year 5 Workplan:
- PROGRESS staff will work with the APHIAplus Rift Valley project to connect four LoL-supported milk shed working groups with district health management teams with responsibility for public-sector service delivery in these areas. Second-generation Field Day Health Camps (FDHCs) will be carried

out in these four milk sheds, with responsibilities distributed to stakeholders in line with their capabilities and interests.
- PROGRESS's role as intervention coordinator will be handed off to APHIAplus Rift Valley, who will guide the process until District Health Management Team support for FDHCs is written into annual workplans.
- A manuscript will be prepared for publication that describes the entire project as well as possible application in other contexts.

Findings and Outcomes:
- Use of health services at the seven field days in Kenya was high; more than 80% of the 2,344 attendees received consultations. Most frequently-provided services included non-reproductive health exams (66%), FP counseling (18%), and HIV counseling and testing (13%). No men received FP methods and a greater proportion of men received HIV services (20%) compared to women (11%). Overall, 58% of all consultations were provided to people who were affiliated with a cooperative. The most popular services among interviewed women were general health exams (96%), FP information (60%), FP methods (16%), and HIV testing and counseling (14%). During the field day health camp both men and women were reached with FP messages.
- Reported use of modern contraceptives was 81% among married, non-pregnant women. Unmet contraceptive need among married women was 9% in Central province and 21% in Rift Valley. Of the 32 women with an unmet need, none initiated a method during a field day; the majority (22) did not want a method, but 6 women did not discuss FP with the provider, and 4 wanted a method that was not available at the event. One-quarter of current FP users obtained additional supplies of contraceptives at the event.
- 83% reported that they preferred receiving services at the field day rather than their customary health facility. The average cost of providing health services at a field day was US$1,445 (US$5.87 per health camp visit or US$4.04 per cooperative member). The women who were surveyed reported average out-of-pocket costs of $1.85 for their last antenatal care visit and $3.76 for their last FP visit at a clinic.
- Study results contribute to scant literature on provision of FP and other health services in the non-health sector. In addition to the results, it is apparent that the field day health camps have facilitated linkages between cooperatives and the MOH: cooperatives are starting to include a health component in their field day events, and the MOH has identified field days as an opportunity to offer FP outreach as well as integrated services (HIV, medical cases, ANC). Follow up interviews with the cooperatives found that membership has increased since the health camp.
- Interest in further pursuing this idea by LoL and the dairy cooperatives has been evidenced. One cooperative now pays national health insurance fund fees and hospital bills for their farmers through the milk deductions. This has brought in more members.

Integration of Family Planning Messages and Referrals into the Green Belt Movement Program

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890085	2/23/2010		THoke
890060	9/30/2009		GVance

Objective(s): 1) To document the benefits of incorporating promotion of healthy timing and spacing of pregnancies (HTSP) into the work of Green Rangers; 2) to examine Green Rangers' capacity to incorporate HTSP promotion into their routine activities; 3) to identify factors favoring and discouraging

successful incorporation of HTSP promotion into the work of Green Rangers; and 4) to measure the cost of the pilot intervention and to estimate the costs of implementing the intervention on a broad scale throughout the Green Belt Movement (GBM) network.

Note: The objectives were modified in May 2011 in consultation with GBM and USAID advisors specializing in Population, Health and Environment (PHE), with the aim of responding to primary needs for evidence to influence programming.

Description: Family planning and environmental programs are increasingly being integrated under the umbrella of Population Health and Environment (PHE) programs. The mutual benefits potentially achieved through linked programs are acknowledged. Yet there are few well documented program experiences providing evidence of the feasibility and value of this form of integration. Through collaboration between the Green Belt Movement (GBM) in Kenya and FHI, the proposed study will contribute to the growing body of evidence.
FP education and referrals will be incorporated into GBM's environmental activities. Following training, Green Rangers (GRs), GBM's frontline workers will educate community members about FP and its relationship to health, the environment, and values. GRs will make referrals to FP services as they encounter GBM members or community members in need of FP.
To evaluate the intervention, referrals to FP will be documented. GRs' ability to implement the intervention will be assessed through regular performance monitoring. Interviews will be completed with GRs to understand their experience implementing the intervention and to assess their knowledge of PHE concepts. Focus group discussions with community members will explore perceived benefits of the intervention. Key informant interviews will examine community-level impact of the intervention as well as some of the factors that may favor or disfavor the success. The cost of the intervention will be obtained from GBM and FHI administrative records.
Note: GBM renamed their Green Rangers (GRs) to Green Volunteers (GVs) mid-way through this activity. The terms are used interchangeably.

Subgrantee(s): Green Belt Movement

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- A memorandum of understanding with the Green Belt Movement was signed in Dec. 2009.
- In Feb. 2010, C. Mackenzie traveled from Kenya to the Philippines to participate in a PHE workshop and study tour in a South-to-South exchange partially sponsored by the BALANCED project.
- A subagreement was finalized with GBM in May and an intervention implementation plan was developed, submitted to USAID and approved in May.
- In June, PROGRESS consulted with GBM on developing a costing tool to capture the costs of the intervention and J. Castro (BALANCED Project) worked with FHI and GBM to develop messages for use in information and education materials.
- The protocol was revised to focus primarily on feasibility and acceptability of incorporating a PHE intervention within GBM activities.
- A paper describing the activity was presented at the National Population Leaders Conference held in Nairobi on Nov. 15-17, 2010.
- Hoke traveled to Kenya in Dec. to join PROGRESS/Kenya and GBM in advancing study preparations. A rapid appraisal to inform the design of the intervention was conducted.
- Vance traveled to Kenya in Feb. 2011 to participate in a workshop to refine the details of the intervention plan and to develop the main PHE messages for the project. The workshop was attended by Ricky Hernandez from the BALANCED project and participated by Senior GBM staff, PROGRESS study staff, and GRs.
- The GR training curriculum was revised with input from curriculum design specialist, L. Moreau.
- The new protocol was approved by USAID in May, PHSC in June and the local IRB in July.
- Educational materials were prepared, including PHE posters, an illustrated flipbook, and FP brochures. Materials were pre-tested with community members.

- A training of trainers (TOT) curriculum was prepared and a TOT with PHE master trainers (n=22) was conducted in Oct.
- The final input and edits for the GV training curriculum, PHE flip chart, referral form and reporting tool were made.
- A two-day refresher training for selected PHE master trainers (n=9) was conducted in Nov.
- The first roll-out training for GVs was conducted on Nov. 28- Dec. 2 (n=26).
- 500 posters and 1000 FP booklets were printed.

Past Six Months:

- The second roll out training for GVs was completed in February 2012 (n=19). With this training, intervention activities were officially launched.
- 100 flipcharts were printed and distributed to be used by the GVs to facilitate community dialogue on population, health and environment (PHE).
- An additional 1000 PHE posters and 5000 FP client booklets were printed and distributed to 43 GVs, 54 health facilities and the local administration.
- 43 GVs held community dialogue on PHE with their tree nursery group members and the community. GVs completed reporting tools and offered client referrals. Supportive supervisions visits for 43 GVs implementing the project were completed by GBM project and extension offers. This involved observing and documenting the GVs implementation of the intervention activities and providing recommendations on how to improve their efforts.
- As part of intervention, GVs are to refer community members and report on activities. The first batch of reporting and referral forms was collected and information was entered into an electronic database.
- A review meeting with all the 43 implementing GVs was held to gather experiences and challenges faced while implementing the project, and to motivate and learn from each other.
- The GV training manual was reviewed and incorporated feedback on content and flow noted during the training.
- E. Canoutas worked on the costing portion of the study based on data gathered by C. Mackenzie.

Year 5 Workplan:

- A final meeting with implementing GVs will be held to learn from their experiences and to present award certificates will be held in July.
- The data from the reporting and client referral forms will be analyzed to supplement data from the post-intervention survey.
- The intervention tracking tool will be completed.
- Data collection forms will be finalized.
- Research assistants will be recruited and trained in September. T. Hoke and G. Vance will travel to Kenya to participate in the training.
- Research assistants will collect the data. Data will be entered electronically and analyzed.
- Results will be interpreted in a workshop with GBM.
- The subagreement with GBM will be closed out in March 2013.
- A draft plan for scaling up the intervention within GBM will be developed by May 2013.
- A research brief and manuscript will be developed by Feb 2012 and May 2013, respectively.
- The GV training manual will be edited and formatted in preparation for dissemination to PHE stakeholders.
- The intervention materials will be packaged in a user-friendly format with the aim of helping other organizations build on the work in this research project. It is expected to be finalized in May 2013.

Capacity Building for Population, Health, and Environment M&E and Advocacy in Uganda

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
890122	8/26/2010	6/30/2012	TPetruney
890037	6/30/2009		TPetruney

Objective(s): 1) To increase Conservation Through Public Health's (CTPH) capacity to monitor and evaluate their population, health and environment program in Uganda (including utilizing mobile phone technology for M&E data collection), and 2) to increase CTPH's capacity to advocate for the population, health and environment model at all levels.

Note: As originally proposed, the objective of this activity was to evaluate the impact of an integrated PHE intervention on the accessibility of family planning services in Kisoro District, Uganda. However, due to the limited scope of CTPH programs, PROGRESS re-focused this activity on providing capacity building and technical assistance to CTPH to monitor, report, and promote the impact of an integrated PHE program. Therefore, as of April 2010, the activity is characterized as a research utilization and capacity building activity rather than a research study. CTPH was closely involved in discussions to determine the new objectives and agreed to this change in direction.

Description: Population, Health, and Environment (PHE) interventions, for the purposes of this subproject, are those which integrate family planning and environmental activities under a single programmatic umbrella. Our partner in this work, Conservation Through Public Health (CTPH) works on issues related to gorilla conservation, animal to human disease transmission, health and sanitation, and family planning in Uganda. FHI 360 utilized an institutional capacity-building approach to strengthen CTPH's ability to advocate nationally and regionally for a PHE framework with similar environmental entities. FHI 360 also worked with CTPH to improve their ability to generate data about the PHE efforts, with a focus on our shared pursuit of community-based provision of injectables. The anticipated improvement to monitoring and evaluation will allow CTPH to report more accurately to donors and partners and is envisioned as a necessary step in fostering future operations research opportunities for the ongoing partnership between FHI 360 and CTPH.

Subgrantee(s): Conservation Through Public Health

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- For accomplishments prior to June 2011, please see previous annual reports.
- In July, CTPH hosted a cost-shared 3-day PHE study tour for representatives from seven organizations to their field station in Bwindi Impenetrable National Park. As a south-to-south exchange for building the capacity of partners, the tour oriented key members from the Uganda Population Health and Environment Working Group to CTPH's PHE model.
- In August 2011, a no-cost extension for the subagreement was approved, with a revised end date of 3/31/12.
- From July to October 2011, PROGRESS staff worked intensively with CTPH staff to develop, refine, and finalize indicators external to those measuring the FP component of their program (e.g., TB, hygiene). These efforts were outside and in addition to the original scope of work, but were deemed necessary after multiple delays were experienced with CTPH developing the indicators on their own. For the same reason, PROGRESS staff took the lead in developing data collection forms for CTPH volunteers, and compiled a list summarizing points to emphasize with volunteers to ensure consistent interpretation and reporting for, and the limitations of, each indicator.

- From July to October 2011, PROGRESS staff developed a demonstration database.
- In October 2011, a workshop for four CTPH staff was conducted by PROGESS. The workshop aimed to strengthen CTPH's capacity for M&E by reviewing the indicators, introducing data collection forms, and orienting CTPH to a database for recording and reporting on this data. CTPH also provided feedback for the database's finalization.
- In November 2011, CTPH staff translated the final indicators into the local language, and trained CTPH community volunteers in two districts on the indicators and updated data collection forms.
- After an introduction from PROGRESS, CTPH had a consultation with Text to Change, and a tentative agreement was made to develop an MOU for CTPH to receive TA on its plans for mobile phone data collection.
- In December 2011, the database continued to be updated based on CTPH needs and feedback.

Past Six Months:

- The final database was delivered to CTPH in February 2012.
- To help CTPH staff understand the different reports the database can generate, what it tells them, and how the data could be used in its programs, CTPH staff compiled feedback and questions about the database in March 2012. In March and April 2012, FHI 360 staff from HQ and Uganda addressed the questions via email and in-person meetings.
- In March 2012, PROGRESS/Uganda staff provided TA during a one-day workshop with CTPH to troubleshoot problems faced with the database.
- PROGRESS also reviewed and approved a final draft of CTPH's organizational advocacy plan, which it will use in its role as a key advocacy partner on the largest PHE project in Africa, the Lake Victoria Basin project, led by Pathfinder.
- To position itself to implement future data collection efforts via mobile phones, with subagreement funds, CTPH purchased 30 Nokia mobile phones. CTPH collaborated with the NGO Text to Change to identify the best phones with the appropriate specifications. It also established an MOU with Text to Change to collaborate on the implementation of a mobile phone based SMS messaging program for remote data collection and for health awareness creation via SMS campaigns. In the short term, CTPH plans to use the phone system to send reminders about injection dates for clients and meeting and supervision dates for volunteers. In the longer term, the phones will be used to collect and send information on monthly indicators to the Kampala-based M&E officer for input into the central database.
- CTPH submitted its final report and subagreement closeout procedures were followed, led by staff in the country office.

Year 5 Workplan:

- PROGRESS will document the outcomes and lessons learned from this capacity building partnership through a journal manuscript. CTPH staff will collaborate as co-authors.

Findings and Outcomes:

- CTPH gained recognition as a leader among PHE organizations in Uganda and was selected as the PHE advocacy partner on a major regional PHE integration project.
- CTPH's M&E platform was strengthened, including updated indicators and data collection forms, a database, and improved skills in interpreting and applying M&E results.

Mobile Phone Interventions for Reproductive Health (m4RH)

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya, Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890057	8/25/2009		KL'engle
890019	2/4/2009		KL'engle

Objective(s): 1) To study the feasibility of using text messaging as a simple, low-cost method to reach contraceptive users with messages that can improve correct use and continuation of their chosen methods; and 2) to collaborate with local family planning programs and mobile phone service providers to scale up the technology.

Description: Phase 1 of the Mobile for Reproductive Health (m4RH) program included collection of preliminary information to inform Phase 2 pilot studies on the feasibility and effectiveness of using text messaging to improve FP. The formative research was conducted with new, current, and potential contraceptive users who represent the main target audience for FP interventions. Formative research included women and men because men's support leads to greater contraceptive use and current texting programs demonstrate that men represent a substantial audience for texting. The formative research phase assessed mobile and SMS use, willingness to receive contraceptive messages via mobile phones, and issues related to the research process. In addition, contraceptive messages abbreviated to fit within character limits were tested for literacy and comprehension.
In Phase 2, m4RH is being launched as part of the pilot study. The first six months focused on provision of the service as it is intended to be used to obtain valid estimates of feasibility and reach. The initial launch period provides content only, followed by the phase-in of basic questions about the user's age, gender, and where they learned about the service. Feasibility is being assessed by monitoring how many people use the service, the type of RH content accessed, and the age and gender of those reached by the service. The final three months of the pilot include more extensive data collection and electronic consent to the system to obtain initial indications of how the m4RH program can be evaluated in the future. This assessment includes brief electronic data collection on contraceptive knowledge, attitudes, and behaviors at two separate time points for each user. A subset of users will be asked to complete an in-depth interview to obtain additional feedback about the service.

Subgrantee(s): Text To Change (TTC)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional information.
- Formative research on feasibility and usability was conducted in Kenya (KY) and Tanzania (TZ) in Jun 2009.
- A community of practice was established in TZ in 2009.
- Potential technological partners were vetted. Text To Change was selected.
- m4RH message content and navigation were pilot tested in Nov 2009.
- Usability testing of the live m4RH system was conducted in Nov 2009 in KY and Uganda.
- Promotional materials were developed and reviewed by partners in Dec 2009.
- Trainings were conducted with KY partners in Apr 2010 and TZ partners in Aug 2010.
- m4RH was deployed in Nairobi in May 2010 and TZ in Sep 2010.
- The m4RH website was launched in May 2010.
- The m4RH clinic locator service was made searchable in KY and TZ.
- m4RH messages and navigation were revised in KY and TZ based on expert review, partner feedback, and analysis of system data.

- Presentations were made at: Sex:Tech (Feb 2010); SHOPS on-line conference (May 2010); USAID Mini-University (Oct 2010); NIH mHealth Summit (Nov 2010); and mHealth Working Group (Dec 2010).
- Demographic data collection was initiated in KY and TZ in Jan and Apr 2011, respectively.
- Stakeholder meetings were held in KY and TZ in Mar 2011 to discuss promotion, adoption, and scale-up of m4RH.
- The KY short code was changed in Mar 2011 to support free provision of m4RH.
- Additional family planning clinics were added to the m4RH clinic database in both countries.
- Updates were sent to in-country partners in Mar and May 2011. See FCO 890129.
- Demographic data collection was completed in TZ in July 2011.
- Telephone interviews were conducted with 48 m4RH users in TZ and KY.
- m4RH was highlighted at the ICFP in 3 oral presentations, the tech café, an mHealth auxiliary session, and via a French m4RH demonstration.
- The KY short code was revised in Nov 2011 to address on-going technical issues.
- The team addressed technical challenges with expansion of the TZ clinic search feature. The team held discussions with Georgetown's IRH and USAID to pursue collaboration between m4RH and their SDM texting program, Cycletel, in India.

Past Six Months:

- Analysis of text data was completed in Feb 2012.
- A manuscript on the Tanzania pilot data was submitted to Contraception for publication. It has since been accepted and will be published by March 2013. A manuscript on the Kenya youth data was submitted for publication with a group of papers from the International Conference on Family Planning. The journal and date are to be determined.
- Analysis of final pilot data for m4RH, including SMS data collection and telephone interview data, was completed in Feb 2012. Members of the m4RH team traveled to Tanzania, Kenya, and Rwanda in May 2012 to meet with partners and in-country team members to provide updates regarding the existing m4RH system and to discuss expansion activities. Results from the final pilot data from Kenya and Tanzania were presented to stakeholders during this trip.
- The team has worked to develop a systematic approach to aggregating "hits" data from both KY and TZ.
- A promotional campaign of m4RH with JHUCCP partner showed significant increase in hits from TZ. m4RH in TZ surpassed 200,000 hits to the system in May 2012.
- Work has been ongoing on the development of expanded content for m4RH in Tanzania. This effort is funded with field support (see FCO 892036).
- The USAID Mission in Rwanda awarded funds to m4RH to adapt the existing system to target young people in Rwanda. Planning and development of the adaptation began in Mar 2012 (see FCO 892041).
- Planning for sustainability and transition of m4RH has continued in TZ and KY (see FCO 890129).
- m4RH was presented: at FHI 360 GLM (Mar 2012); to the mHealth Working Group (April 2012); as part of a presentation at Alive & Thrive (May 2012); and at the Emerging Technology Conference (Jun 2012).
- The m4RH team was asked by USAID to develop a mHealth Implementation Guide, which will be primarily funded by K4Health, and co-branded by PROGRESS.
- m4RH was selected as one of the Women Deliver 50 Top Most Inspiring Ideas and Solutions for Women.

Year 5 Workplan:

- User research activities may continue in Kenya and Tanzania, including questions administered by text messages sent to users' mobile phones and follow-up telephone interviews.
- Staff will continue to monitor data for m4RH programs in Kenya and Tanzania.
- Dissemination and future partnering inquiry visits will be ongoing in late summer/early fall 2012.
- Staff will continue to work on data analysis and manuscript generation. In addition to the two manuscripts already developed, the team will also prepare a manuscript on the m4RH development

process. Pending available funds, additional manuscripts will be developed on data collection methods and costs of SMS health promotion programs.
- A research brief will be completed by October 2012.
- Work will continue on expansion of the m4RH program in TZ (FCO 892036) and adaptation of the program in Rwanda (FCO 892041).
- Potential opportunities for continuation of the m4RH program, as well as expansion into new countries and new content areas such as HIV will be explored with partners and potential funders (see also FCO 890129).

Findings and Outcomes:
- In Tanzania, 2870 unique users accessed the m4RH system during the 10-month pilot data collection period for a total of 4813 queries about specific contraceptive methods.
- The most common contraceptive method queried was natural family planning at 26%, followed by emergency contraception (21%), implants (16%), condoms (16%), injectables (14%), IUD (13%), permanent methods (13%), and oral contraceptive pills (12%).
- While not all users provided responses to questions, 56% percent of those reporting their gender were female and approximately 60% of those reporting their age were 29 years in age or younger. Forty percent of those reporting learned about the m4RH system through posters in a health facility, 19% through a clinic, 18% from partners, relatives, or friends, and 18% from community health workers or peer educators.
- A total of 509 users also provided open-ended responses about changes they made in their family planning usage after accessing the m4RH system. Responses of changes in long-acting methods (i.e., implants, IUD, permanent methods) were reported by 163 respondents, changes in short-acting methods (injectables, pills) were reported by 148 respondents, and changes in coitally-dependent methods (i.e., condoms, natural methods) were reported by 124 respondents. (Since we do not know whether m4RH users who answered this question were new adopters of family planning or previous family planning users who switched methods, these responses should be interpreted with caution.)
- In Kenya, 4,817 unique users accessed the m4RH system during the 17-month pilot data collection period. Of these, 82% were 29 years of age and younger and 36% were male. Condom and natural family planning information was accessed most frequently, although users queried all methods. One in five used the m4RH system to locate nearby clinics. Respondents liked the simple language and confidentiality of receiving health information via mobile phone, and reported increased contraceptive knowledge and use after using m4RH.

Global Research Utilization for M4RH and Mobile Technologies

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya, Worldwide

FCO	Approved	C&G Closure	Tech Monitor
892064	8/7/2012		LMagaria
890129	12/1/2010		TZan

Objective(s): 1) To expand the mobile for reproductive health (m4RH) text messaging service within Kenya and Tanzania and 2) to provide technical assistance at the global level related to m4RH and mHealth development and implementation.

Description: The growing use of mobile phones and text messaging in developing countries prompted FHI 360 to develop and begin testing innovative ways to use this technology to improve family planning services. In 2009, PROGRESS began developing Mobile for Reproductive Health (m4RH), a platform for and a set of text messages on family planning methods that users can access via their mobile phones. As the system has been implemented partners in Kenya and Tanzania, as well as at a global level, perceive

the m4RH platform as a feasible and affordable add-on to behavior change communication (BCC) activities or programs, particularly for youth audiences. Funds from the USAID Youth Champion were allocated to PROGRESS in September 2010, which provided initial funding for this subproject. These funds were programmed to support the expansion of the service to additional partners in Kenya and Tanzania, as well as the provision of global technical assistance, including lessons learned about the development and deployment of m4RH, to other interested audiences. Regular (non-youth) core funds were added to support this subproject in Years 4 and 5. Field support funds from Kenya were also added for Year 5. See also the main m4RH study FCO 890019 for additional activities.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In September 2010, USAID provided $80,000 in youth-funding to PROGRESS; USAID agreed to use the funds to support m4RH and mHealth research utilization, given the potential of mHealth to reach young people.
- An FCO was opened in December 2010.
- Strategic planning meetings were held in March 2011 in both Kenya and Tanzania with a range of stakeholders to discuss sustainability options for m4RH.
- A Task Force was formed by the Kenya Division of Reproductive Health (DRH) to discuss m4RH sustainability and other mHealth opportunities. A mHealth Community of Practice (COP) was developed in Tanzania with the Ministry of Health.
- The m4RH team began sending regular (approximately monthly) email updates to partners, starting in February 2011.
- A Kenyan graduate student at the University of Copenhagen conducted interviews with partners and users in Spring 2011 as part of her thesis.
- PSI/Kenya integrated m4RH into its contraceptive campaign targeting youth called “C-Word.”
- FHI 360/HQ staff participated in meetings of the interagency mHealth working group (including presentations in Dec 2010, Oct 2011, Jan 2012, April 2012) and contributed to the mBCC Field Guide.
- Staff attended a Mobile Health & Social Marketing Workshop at George Washington University in May 2011 to represent m4RH.
- A doctoral student from UC-San Francisco, Rebecca Braun, interned with the m4RH team in summer 2011 and documented partner interest and involvement in m4RH in Tanzania (July-Aug).
- HQ staff presented m4RH to colleagues from WHO via a conference call in August 2011.
- An m4RH booklet was printed and disseminated at the International Conference on Family Planning (ICFP) in Dakar in November 2011.
- Three m4RH presentations were made at ICFP as well as an auxiliary session on mHealth, hosted by FHI 360 and USAID.
- A partnership was established with JHUTCCP in TZ in Aug-Sept to include m4RH in its USAID-funded FP communications campaign (called Jiamini).
- PROGRESS/Tanzania staff continued participation in the mHealth COP and were involved in the process to develop the draft national mHealth strategy.
- An MOU with Text to Change was signed to outline ownership and collaborating principles.

Past Six Months:

- No activities occurred in the last six months because the original funding from USAID was only through September 30, 2011. However, a Year 5 request was submitted to USAID and approved.
- Field support funding ($50,000) was also provided by the USAID Mission in Kenya for Year 5.

Year 5 Workplan:

- PROGRESS will continue to facilitate partner discussions aimed at identifying mechanisms for sustainability in both Kenya and Tanzania.
- In Kenya, m4RH will be launched in Kiswahili. PSI and MSI will be targeted as organizations with the most potential to support m4RH after PROGRESS. Meetings of the DRH mHealth Task Force will continue.

- In Tanzania, the partnership with JHUTCCP will be fostered to solidify their support for m4RH after PROGRESS. Discussions with the MOH will continue to identify how they will remain centrally involved.
- At HQ, staff will support the country offices and will continue to disseminate m4RH results to a global audience, including at relevant conferences and through the mHealth Working Group.
- This FCO will support a cost-share with K4Health in the form of staff time spent developing an mHealth Implementation Guide at the request of USAID. It will be co-branded by K4Health and PROGRESS and is expected to be finalized in May 2013. K4Health is also paying for an e-learning course that will build off the information collected. While PROGRESS staff are contributing to this, it will be branded only as USAID and available via their Global Health e-learning website.
- Support will be provided for the Africa Bureau meeting to be held in Tanzania in November 2012 on the topic of mHealth, including possibly sending an HQ staff person to the meeting. In Kenya, PROGRESS will work with the mHealth Task Force to help the country delegation plan for the meeting.
- A web-based global guidance package for countries/programs that are interested in introducing m4RH will be developed, with an initial draft completed by November 2012.

Findings and Outcomes:
- m4RH was presented at three different sessions at the 2011 International Conference on Family Planning in Dakar and was demonstrated at the Technology Café. In addition, FHI 360 co-hosted an mHealth auxiliary session with USAID during the conference.
- The DRH mHealth Task Force in Kenya was established to provide a forum for discussions about sustainability of m4RH.
- m4RH will be partially funded by JHUTCCP in Tanzania, a major step towards sustainability.

m4RH Plus: Enhancements and Expansion to the m4RH Service

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
892063	6/30/2012		CLasway
892036	7/1/2011		ENdakidemi

Objective(s): To develop, test, and deploy new Mobile for Reproductive Health (m4RH) modules to support contraceptive continuation, use of long-acting and permanent methods (LAPMs), and family planning for youth.

Note: In June 2012, FHI 360 received additional funding from USAID/Tanzania to enhance the scope of the new message content from continuation to include information related to LAPMs and youth.

Description: m4RH was developed to provide information about family planning methods to the public. During the pilot period, 2,870 different people used m4RH in Tanzania, and 4,813 method-specific queries were made. The largest proportion of m4RH users responding to the age question was 20-29 years old (44%). The m4RH pilot study concluded that reaching younger people and men and women of reproductive age with family planning information delivered via mobile phone text messages is feasible and practicable.
In addition to providing basic information about family planning methods and a searchable database of clinic locations, the m4RH system will be enhanced to support contraceptive continuation through the provision of information about side effects, reminders for refill/reinjection and clinic visits, and supportive messages about the benefits of consistent and sustained contraceptive use. m4RH messages will also be designed to reach young people with specific message on family planning. The pilot study indicated that

m4RH provides a platform to disseminate information to potential clients in support of contraceptive choice. Given the current method mix in Tanzania, which is skewed toward short-acting methods, m4RH could be used to provide much needed information to individuals who may be interested in using a long-acting or permanent method but who do not have sufficient information about them.
In this subproject, new m4RH modules will be developed, tested, and deployed as part of the m4RH platform. The messages will: (1) provide support of contraceptive continuation; (2) provide specific messages for youth; and (3) address common barriers to use of LAPMs.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- In October 2011, following discussions with partners and the USAID mission, it was suggested that funds be used to support the development of a contraception continuation component for inclusion in the Mobile for Reproductive Health (m4RH) platform.
- In December 2011, a concept for adding a contraception continuation component to the M4RH platform was developed.

Past Six Months:

- In April 2012, USAID/Tanzania granted approval to FHI 360 for the m4RH contraceptive continuation plus concept.
- In April 2012, a detailed workplan was developed.
- In May 2012, message development was initiated. Draft messages on side effects and for continuation were developed.
- Additional funds were allocated from the USAID Mission in Tanzania for Year 5 to also include new messages on LAPMs, FP for youth, and to potentially link to health centers.

Year 5 Workplan:

- Staff will finalize message development and translation.
- The messages will be programmed.
- Usability testing of the new messages will be conducted.
- The expanded content, "m4RH plus", will be launched, promoted and evaluated.
- FHI 360 will document message development process and outcomes.
- A research brief, and possibly a journal article, summarizing the findings will be developed by April 2013.

m4RH for Young People in Rwanda

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
892062	6/30/2012		SSuccop
892041	8/1/2011		JWesson

Objective(s): To improve sexual and reproductive health (SRH) knowledge and positively influence attitudes and behaviors toward reproductive health and family planning among young people in Rwanda, aged 15-24 years old. Through this study, we hope to: 1) Ascertain the most youth-friendly and accessible language to use in transmitting messages to young people about reproductive health via SMS; and 2) Determine the most appropriate, user-friendly mobile phone interface and navigation scheme to share automated and interactive cell phone text messages with Rwandan young people.

Description: In PROGRESS's Year 3, the USAID/Africa Bureau allocated funds to PROGRESS to support technical assistance to countries to take actions as follow up to the "Meeting the Family Planning Demand to Achieve MDGs: Vision 2015" meeting held in Kigali in late March 2010. In Rwanda, PROGRESS provided technical assistance to develop a national Adolescent Reproductive Health (ARH) strategy and policy on the basis of a youth assessment conducted earlier (FCO 892028).
Following the development of the strategy, the ARH TWG requested that PROGRESS conduct a descriptive study to examine these issues and develop recommendations for how to confront risky behaviors. However, this activity was discontinued. Instead, USAID/Rwanda asked FHI 360 Rwanda/PROGRESS to conduct an mHealth activity targeted at youth; the ARH and FP TWGs also expressed interest.
The new activity will be an adaptation of the existing Mobile for Reproductive Health (m4RH) system (FCO 890019) for Rwanda youth. It will be developed as a standardized and automated text messaging information service that will provide SRH information to Rwandan young people, ages 15-24, via mobile phones. The service will adapt and expand on the current m4RH service, which includes descriptions of nine family planning methods and clinic locations. In addition, it will include tailored and field-tested m4RH messages for young people, expanded m4RH message content (including HIV/AIDs, STIs, and puberty/fertility), role model stories, timed reminders and/or supportive messaging for the continued use of contraception, and options to increase young people's self-efficacy for the use of health facility services. The service will be developed in conjunction with in-country partners through five phases of development. Implementation and promotion of the service to youth will be done by key implementing partners.

Subgrantee(s): Pivot Access
Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- In April 2011, PROGRESS engaged the services of a local consultant to assist the ARH TWG in developing a monitoring and evaluation framework for the ARH strategy, as well as costing out the activities contained in the strategy. This work was supported by FCO 892034, field support funding from the USAID/Rwanda mission.
- The ARH Technical Working Group held a validation meeting, funded by the MOH, in Sept 2011.
- In Nov 2011, the Senior Management Meeting of the MOH approved the Adolescent Sexual and Reproductive Health and Rights Strategy and Policy. The Strategy and Policy are now on the desk of the Prime Minister, who will approve and officially adopt them for the Government of Rwanda.
- Following a discussion with USAID/Rwanda, it was decided to suspend development of this activity while a review of existing data on Jadelle removals is undertaken to determine whether these funds should be transferred to a study on Jadelle use in Rwanda. A data extraction was conducted under FCO 890045. Given the results of the assessment, USAID/Rwanda and the MOH agreed that an adolescent-focused project was more of a priority.

Past Six Months:

- In Mar 2012, USAID/Rwanda requested that field support be used to develop a new mHealth activity targeted at youth.
- In May 2012, the team developed a concept note, implementation plan, and implementation narrative describing how the existing m4RH system (FCO 890019) would be adapted to target young people in Rwanda.
- In May 2012, a team member traveled to Rwanda to meet with in-country team members and partners to discuss the adaptation of m4RH for young people in Rwanda.
- In June 2012, a meeting of the Rwanda ARH TWG was held to discuss the proposed plans and content for the activity. At this time, the MOH officially created a sub-group of the ARH TWG for the development of the m4RH program.
- Team members began to draft messages and a protocol for the activity.

Year 5 Workplan:

- A completed protocol will be submitted for ethics approvals at FHI 360 and in Rwanda, as well as for approval by USAID, by September 2012.
- Draft messages will be completed in August 2012.
- Team members in Rwanda will be trained to conduct content and usability testing with the target population by November 2012.
- Two rounds of testing (content and usability) will be conducted after training and into the early months of 2013.
- Messages will be finalized and translated based on outcomes from both the content and usability testing by March 2013.
- The technology partner will program final content for the system in Rwanda by March 2013.
- FHI 360/PROGRESS will provide guidance/recommendations for implementing the youth-focused m4RH service in Rwanda by March 2013.
- The system design and infrastructure will be handed over to in-country partners for implementation and promotion by March 2013.

Supporting the USAID/Africa Bureau Family Planning mHealth Meeting in Tanzania

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890154	6/29/2012		CLasway

Objective(s): To support the USAID/Africa Bureau, the Global Health Bureau of USAID/Washington, the Regional Health Office of USAID/East Africa, and USAID/Tanzania to organize the third Family Planning Africa Regional Meeting, focusing on mhealth, in Tanzania.

Description: The Africa Bureau and Global Health Bureau of USAID/Washington and the Regional Health Office of USAID/East Africa are organizing a regional meeting on family planning. This is third meeting after two successful meetings in Kigali, Rwanda and Nairobi, Kenya. This next family planning meeting is scheduled for November 12-16, 2012 in Dar es Salaam, Tanzania. The scope of the meeting is on mobile technology and how it could potentially strengthen and support family planning and reproductive health programs. As the number of mobile phones in use worldwide has reached 5 billion, with the highest growth in developing countries, mobile phones can be a solution to connecting with low-resource populations. Mobile phones can enhance access to health information, improve distribution of routine and emergency health services, and provide diagnostic services. Use of mobile technology to support and strengthen family planning programming is still relatively young. The meeting will provide a real understanding of the technology and focus on how missions and their partners can ensure that investments in mobile technology for family planning are based on the best available evidence and program experience from other health sectors, and can be scaled up economically and effectively.
FHI 360 was approached by the USAID/Tanzania mission to support the logistics of the meeting at country level. FHI 360 is part of a small organizing committee comprised of USAID/ Tanzania, representatives from the Tanzanian Ministry of Health and Social Welfare, USAID/EA and USAID/W. The purpose of the meeting is to share promising practices for family planning, with respect to (a)Adopting, using and scaling up mobile technologies; and (b) Adopting broader multi-sectoral programming in collaboration with the private sector and other relevant ministries and organization to benefit from synergies at the regional, national and community levels.

Collaborating Agency(s): Ministry of Health and Social Welfare

Year 5 Workplan:

- PROGRESS will assist USAID/Tanzania in identifying the host country agency that will be the local host of the meeting.
- PROGRESS will also serve as secretariat of the local organizing committee, comprised of USAID/W, USAID/EA and the host country agency, and other interested parties.
- All conference logistics, including booking conference venue, language interpretation services, as well as hotel and transportation for guests, will be handled.
- Staff will liaise with the Government of Tanzania to ensure all necessary protocols are followed for participating countries' government personnel.
- PROGRESS will work with the local organizing committee to select sites and arrange for field trip to highlight the use of mobile technology.
- PROGRESS will coordinate and manage conference documentation, including identifying rapporteur(s) and assisting in writing the report.
- Input will be provided to the content of the meeting, including themes, program, presentations, etc.
- PROGRESS will assist in coordinating the review of the presentations to ensure quality and effectiveness.

Development and Evaluation of a Campaign to Increase Continuation of Hormonal Methods

Status: Complete *End Date: 3/31/2012*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890067	11/19/2009	3/31/2012	HBurke
116105	7/14/2006	4/30/2010	HBurke

Objective(s): To develop and evaluate the effect of a communication campaign designed to increase contraceptive continuation among FP users, particularly injectable users.

Description: Despite increases in contraceptive prevalence over the past decades, discontinuation rates are high among women in the developing world. This is especially true in Kenya where 33% of married women are currently using a modern method, but more than 19% of contraception users discontinue within 12 months, despite still needing contraception. The true impact of contraception (improved maternal and infant health, quality of life and economic well-being) will not be realized until all women who want to prevent pregnancies are using their method of choice continuously and effectively. Interventions focused on increasing continuation rates are sparse. It is logical to look at interventions that have increased contraception adoption. Communication campaigns have been successful in increasing contraceptive adoption around the world, including Kenya.
This study developed, implemented and tested the effects of a communication campaign on increasing contraceptive continuation rates among injectable users in Nyando District. Qualitative research within a theory-driven framework was used to develop the messages communicated in the campaign to contraceptive users and their salient references (male partners, mothers-in-law, providers, and religious leaders). Two rounds of focus group discussions (FGDs) were conducted to determine why women discontinue and the most effective ways to deliver the campaign. Next, extensive product testing refined the final campaign components. To test the campaign's effects on increasing continuation rates, the treatment site received the campaign, whereas the control site did not receive the campaign. At each site, 500 new injectable users from the study clinics were enrolled and given baseline interviews. The campaign was implemented beginning April 1, 2009. A new cohort of participants was interviewed over

nine months to measure continuation rates. This research activity transitioned to PROGRESS (FCO 890067) in Dec 2009.

Collaborating Agency(s): Division of Reproductive Health; PATH

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Approval to implement under CRTU was received July 2006.
- FHI 360 developed a partnership with PATH/Kenya in which FHI 360 conducted the research and PATH implemented the campaign.
- FHI 360 entered into a subagreement with the Tropical Institute of Community Health (TICH) June 2007, which was terminated, Feb 2009.
- The protocol was approved by PHSC Jan 2007 and by the Kenyatta Hospital Ethics Review Committee, May 2007.
- FHI 360 analyzed the 1st round of focus group discussions (FGD R1), provided results to PATH in Dec 2007, and developed the preliminary messages.
- The study was delayed due to post-election violence in Kenya.
- In April 2008, TICH recruited 1,000 participants for the pre-test activity. Data collection ended May 2009.
- FHI 360 analyzed the 2nd round (R2) FGD data, wrote an internal report for PATH, and developed the preliminary products for the campaign.
- FHI 360 analyzed data from the media product testing and wrote two internal reports specifically for PATH and Radio Ramogi. The communication campaign was finalized based on the results.
- In Mar 2009, the clinic-based campaign components were distributed to Nyando District clinics, and PATH/APHIA trained 195 community health workers in Nyando District.
- In May 2009, PATH aired four 30-minute live radio programs on Radio Nam Lolwe in Nyando District. The three PATH-funded radio spots aired 60 times on Nam Lolwe in July.
- In April 2009, FHI 360 recruited 1,000 participants for the post-test. Data collection ended April 2010.
- The six FHI 360-funded radio spots aired daily April-Dec 2009 on Radio Ramogi in Nyando District. FHI 360 purchased data from the Steadman Group to monitor the spots.
- A manuscript was unsuccessfully submitted to Studies in Family Planning Aug 2010, and a manuscript based on FGD R1 was submitted to three journals between Dec 2009 and July 2010.
- The study transitioned to PROGRESS in Jan 2010.
- A manuscript based on the pre-test data was submitted to the J of Biosocial Science in Mar 2011 but was not accepted for publication.
- A manuscript based on FGDR1 was published in African J of Rep Health, June 2011.
- Staff conducted post-test data analysis.

Past Six Months:

- Staff continued to work on the manuscript of post-test data. It will be submitted to Studies in Family Planning.

Findings and Outcomes:

- The FGDR1 found discontinuation of contraception is common and women do not always have control over the use of contraception. Five salient reference groups were identified to influence contraceptive decision making (husbands, mothers-in-law, FP providers, community leaders, and long-term contraceptive injectable users). Common reasons for discontinuation include side effects, husbands' and mothers-in-law's refusal, myths, stockouts, and lack of cash. Current injectable users and salient references had low levels of knowledge regarding side effects of contraceptives, especially injectables.
- The FGDR2 indicated that most preliminary messages were understandable and persuasive to their target groups, except for service providers and current injectable users that were perceived to be only somewhat persuasive. (Messages were amended based on participants' feedback.)
- Participants identified local radio stations as the most effective mode of disseminating messages. Non-interactive modes of communication like posters and leaflets were also mentioned, as were

community interactive strategies such as talks, trainings, and skits. (Results informed the development of preliminary media products.)

- Two internal reports were written by FHI 360 to present the results from the product testing activity. The preliminary media products (brochures and posters for injectable users, husbands, and providers; 3 radio spots for husbands, mothers-in-law, and injectable users; and 6 radio features) were well-received by target groups and found to be acceptable and persuasive. A summary of specific recommendations were provided.
- The following factors predicted discontinuation in the pre-test: side effects or health concerns, nervousness about using contraception, no previous use of modern FP, unmarried at study enrollment, preferring more privacy during FP appointment, and paying more for FP services. Associations between predictors and discontinuation differed between the sites, as did rates of discontinuation. Findings suggest a tailored approach for interventions to increase continuation and that FP services address side effects and health concerns.
- Adjusted/unadjusted models show there was no significant difference in the rate of discontinuation (pre-intervention to post-intervention) between the treatment and control sites. The intervention did not significantly reduce discontinuation.
- Article published in Afr J Reprod Health, June 2011 [Pub2011-126].

Support to Meridian to Engage the Private Sector in Family Planning and Women's Health

Status: Ongoing *Projected End Date: 9/28/2012*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890146	11/8/2011		KGanter
890145	8/3/2011		KGanter
890143	8/1/2011		KGanter

Objective(s): To provide funding to the Meridian Group International to 1) To engage family planning, reproductive health, and maternal, newborn, and child health (FP/RH/MNCH) and nutrition organizations, gender, environmental, and civil society groups, and other interested parties to advocate for women's health, nutrition, and FP/RH/MNCH standards and codes with international corporate social responsibility (CSR) institutions and multi-national corporations; 2) To engage 1-2 leading organizations that represent each of the four types of multilateral and international institutions that have systemic influence on the workplace CSR standards and codes of corporations to adopt women's health, nutrition, and FP/RH/MNCH policies; and 3) To build private sector financial support from 1-3 corporations, corporate foundations and private foundations for long-term standards development and advocacy by leveraging private resources at the country, regional, or global levels and further defining concrete standards, policies, and practices around women's health, nutrition, and FP/RH/MNCH that will be the basis of advocacy and partnership activities.

Description: With funding provided by PROGRESS, Meridian Group International will start the process of embedding health, including FP/RH/MNCH, into the global institutions, policies and practices that constitute an evolving CSR system, which can be influenced to advance the health of workers and communities. Meridian's approach with all activities will be to work as much as possible through existing groups and systems rather than creating new mechanisms.

Subgrantee(s): Meridian Group International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The scope of work (SOW) and the budget were developed, reviewed and finalized in July and August 2011. The SOW was revised after USAID input, and the first subagreement (in the form of a fixed-price contract) was developed in August 2011.
- In September 2011, USAID approved the first subagreement with Meridian, for the period of September to November 2011.
- In accordance to the subagreement, the following deliverables were produced by Meridian: 1) Draft Advocacy Strategy (75% complete); 2) Draft Strategic Mapping of CSR Influencing Institutions and Matrix of Standard Setting Processes (90% complete); 3) Draft Guidance of Best Practices, Tools and Workplace Programs (25% complete); 4) Draft Health Standards Codes and Compliance (50% complete); 5) Final Report and MOU template. (Status is as of the end of the first subagreement.)
- Meridian had meetings with at least one organization in each of the four CSR categories: Advisory groups, Standards groups, Certifiers, and Reporting Groups. Meridian also held meetings with key FP networks and cooperating agencies.
- In November 2011, Meridian facilitated a small group on workplace programs for the WHO Learning Session at the 2nd International Conference on Family Planning in Dakar, Senegal.
- In October 2011, the scope of work and the budget for the second subagreement, for the period of December 2011 to August 2012, were developed, reviewed and revised.
- A pre-award review visit to Meridian was conducted by FHI 360 in November 2011. As a result, additional financial management provisions were added to the second subagreement.
- Activities resumed after USAID approval was received in December 2011.

Past Six Months:

- The Meridian Group named this activity RAISE (Resources and Action on International Standards and Engagement) Health. The tasks by Meridian during this period focused on implementing the draft strategic plan and building on the foundation of research and data collection from the beginning of this activity. Work has focused in particular on outreach to key CSR and health organizations in accordance with the Advocacy Strategy. A key area has been outreach to potential NGO and corporate partners on activities promoting international standards for business that address family planning and reproductive health.
- Key deliverables include:
- 1. The Advocacy Strategy Document was finalized in February 2012.
- 2. The CSR Mapping Document was completed in March 2012.
- 3. Memoranda of Understanding with corporate partners and health/CSR NGOs were developed in April 2012.
- Key accomplishments include:
- 1. RAISE Health made advances in advocacy efforts on corporate standards and recruitment, as well as in outreach efforts and partnership talks with key CSR organizations and corporations.
- 2. RAISE Health was invited to participate in three conferences: the United Nations Global Compact event in New York in March, “Gender Equity for a Sustainable Future”; the U.S. Department of State’s conferences in April, “Promoting a Comprehensive Approach to Corporate Social Responsibility,” and “The Global Impact Economy Forum.” In addition, staff participated in the GBCHealth annual conference in New York in May 2012.
- 3. RAISE Health submitted comments to one stakeholder process, the Global Social Compliance Programme standards for workplace auditors. RAISE Health reviewed the standards, which are a benchmark for all other workplace standards, and produced comments related to workplace health facilities and personnel. A guidance document was also produced for RAISE Health collaborating groups to enable them to submit comments easily.

Year 5 Workplan:

- Meridian will continue to focus the activities on three strategic goals:
- 1. Developing partnerships with corporations or organizations with corporate memberships or relationships.

- 2. Building a network of health and other organizations that can participate in stakeholder processes as well as provide input into the RAISE Health guidance document on best practices and policies.
- 3. Participating in stakeholder processes and other forums that allow RAISE Health to elevate women's health in the policy discussions about business.
- Meridian's focus will be on:
- 1. Finalizing deliverables, such as foundational standards and a guidance document.
- 2. Influencing stakeholder processes, including facilitating the involvement of other health organizations.
- 3. Signing partnership agreement with Levi Strauss & Co. and the Levi Strauss Foundation, and possibly with Bayer HealthCare, GBCHealth, and Verité.
- 4. Continuing outreach to potential corporate partners, particularly Air Products, J. Crew, and Primark.
- 5. Developing collaboration with key CSR organizations: UN Global Compact, Social Accountability International, WRAP, and CERES.
- 6. Continuing outreach to gender, health and reproductive health organizations on advocacy efforts and the sharing of best practices.
- 7. Continuing to engage with US Government activities related to CSR and business principles. This includes the CSR division of the US Department of State, which has invited RAISE Health to a stakeholder meeting in July 2012 and with the Department of State's Stakeholder Advisory Board on the Organisation for Economic Co-operation and Development principles.
- Meridian will also reach out to UN Business and Human Rights working group.
- The subagreement will be completed September, 28 2012 and closed by October 2012.

Legacy Area 3

Expanding the Family Planning Method Mix for Home, Community, and Lower-Level Provider Use

PROGRESS's third Legacy Area focuses on expanding the method mix. The first study asked why more women in Rwanda are not currently using contraceptives. After the non-use study, this section is organized by method, starting with studies on injectable contraceptives. Two of these studies focus on the introduction of subcutaneous DMPA. A pair of studies on Sino-Implant (II), in Kenya and Pakistan, follows. Then there are additional activities related to implants. This section continues with activities on IUDs, in Kenya, Ethiopia, and India. There are two activities on male sterilization, and then broader FP method mix activities, with a focus on long-acting methods. Finally, there is a study on continuous use of oral contraceptives and NIH funding for a meeting on endometrial bleeding and the use of steroids.

Social and Cultural Barriers to Expanded Contraceptive Use

Status: Complete *End Date: 6/25/2012*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890056	8/24/2009	10/31/2010	JWesson
890007	1/1/2009	6/25/2012	ABrunie

Objective(s): 1) To clarify the most prevalent reasons for non-use of family planning (FP) among Rwandan women and assess the relative importance of these reasons; 2) to examine barriers to modern contraceptive use, with particular focus on religious and cultural barriers and misinformation and obstacles linked to physical and economic access to and perceived quality of family planning and reproductive health services; and 3) to explore psychosocial factors influencing modern contraceptive use.
Note: The title and objectives of this subproject were modified as the study progressed from a concept paper to the development of the protocol in May 2009.

Description: Rwanda's president has declared FP a priority for poverty reduction and the development of the country, and the government's Economic Development and Poverty Reduction Strategy calls for an increase in modern contraceptive prevalence from 10% in 2005 to 70% in 2012. Few studies have been conducted in Rwanda to examine the factors that constrain use of FP services. This study aimed to address this gap and respond to the governments' informational needs with a view to inform future programs and policies aimed at increasing contraceptive prevalence.
A combination of quantitative and qualitative methods was used: a community-based survey of 637 women and in-depth interviews with a separate sample of 54 women and 27 partners in 21 enumeration areas within five districts of Rwanda. One district was randomly selected in each province and Kigali city. Households were listed within each enumeration area and randomly selected. Eligible women within the selected households were in union, between 21 and 49, not pregnant, and had at least one living child. If there was more than one eligible woman in a household, one woman was randomly selected. A subset of households was randomly drawn; women in these households were invited to participate in an in-depth interview and others in the survey. The partner of every other woman interviewed in an in-depth interview was also invited to join the study for a separate in-depth interview. Eligible men were 21 years or older and permission from the woman had to be obtained first. Survey data were collected using PDAs. In-depth interviews were digitally recorded. The survey response rate was over 95%. Data were collected between November 2009 and February 2010 in the local language by trained field workers. Findings are applicable to the five districts but may not adequately represent the entire country.

Subgrantee(s): School of Public Health, Kigali
Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- The protocol was approved in Aug. 2009, informed consent forms in Sept., and data collection instruments in Oct. Ethics approvals were obtained in Oct. 2009.
- A trip was made to Rwanda in Oct./Nov. to recruit and train field workers, pre-test data collection instruments, and initiate data collection.
- A subagreement was approved in November 2009.
- A trip was made to Rwanda in January to conduct an intermediary workshop on qualitative data analysis, and monitor the progress of fieldwork.
- Data collection was completed in Feb. 2010.
- PDA data and in-depth interview transcripts were transferred electronically to FHI 360/NC in March/April 2010.

- Data analysis was completed and quantitative and qualitative findings compared and synthesized in Sept/Oct. 2010.
- A research brief summarizing the findings was drafted in Oct. 2010 and distributed at the dissemination meeting. Feedback from the dissemination meeting was incorporated into the research brief (M2010-78) in Jan. 2011
- A trip was made to Rwanda in October for a data interpretation workshop with in-country partners.
- A more focused discussion on actionable findings from the study was held with members of the FPTWG in Nov. 2010, which led to new activities being incorporated into the Joint FP Action Plan.
- In collaboration with IntraHealth, key study findings were disseminated to journalists in March 2011 and Ugandan Parliamentarians in May 2011 (funded under FCO 890045 and by IntraHealth).
- A manuscript was drafted and reviewed internally in April/May 2011, submitted to International Perspectives on Sexual and Reproductive Health in July and rejected in Aug. A revised version was submitted to Studies in Family Planning in Oct. 2011.
- Findings from the study were presented at the Postpartum Family Planning: Building a Global Movement meeting hosted by USAID and MCHIP in Washington, DC in Sept. 2011.
- A presentation on the study was given at the International Conference on Family Planning in Dakar in December 2011. A summary of the research brief was prepared in English and French for the Conference.

Past Six Months:

- The manuscript submitted to Studies in Family Planning was rejected. An invitation was received to submit a manuscript for consideration as part of a published collection featuring papers presented at the 2011 International Conference on Family Planning. The manuscript is being revised for this submission under FCO 890115.
- A clean dataset and codebook were prepared in May 2012 to share with the Rwanda Ministry of Health as final documentation for the study.
- The FCO was closed in June 2012.

Findings and Outcomes:

- Key findings include:
- Modern contraceptive use among the survey participants was very high. Overall, 50% were currently using a modern method and 66% had ever used one.
- The main reasons for current non-use reported by women intending to use a method in the future were fertility-related, specifically breastfeeding (15%) and waiting for return of menses (58%). This suggests that postpartum women in particular need more accurate information about when they are at risk for another pregnancy.
- Factors associated statistically with increasing the likelihood of contraceptive use were: having some education, having more children, being sexually active in the past month, having a partner who supports FP, and attending a FP talk by a community health worker.
- Factors associated statistically with increasing the likelihood of not using a method were: being older, being less than six months postpartum, wanting a child within 12 months, hearing a FP message in the media, distrusting contraception, and acknowledging a set of barriers to contraceptive use.
- The study found no evidence that lack of knowledge of contraceptive methods and access to services were barriers to FP use.
- Client reports indicated that providers mostly relied on the presence of menses to rule out pregnancy before providing a method.
- The IUD was the least known method. Utilization of long acting and permanent methods other than implant was low.
- Men appeared to be mostly supportive of contraceptive use; however, they may benefit from increased information. Community health workers emerged as an important communication channel in reaching men.
- While use of contraception was high in this population, study findings led to several suggested programmatic actions. Women would benefit from messages that effectively communicate risk of pregnancy, particularly in the postpartum period. Providers may also benefit from additional instruction on postpartum women's FP needs and eligibility for contraception. Provider use of

alternative screening methods such as the pregnancy checklist should be introduced or reinforced. Presentation of information about IUDs and sterilization could be improved. Information supporting FP needs to reach men, who play a key role in a woman's decision to use contraception; these efforts should utilize community health workers.

Pharmacokinetic Study of DMPA SC Injected in the Upper Arm

Status: Ongoing *Projected End Date: 10/31/2012*

Country(s): USA, Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890088	3/16/2010	2/29/2012	VHalpern
890078	1/12/2010		VHalpern

Objective(s): To determine the pharmacokinetic profile of medroxyprogesterone acetate during 120 days following injection in the upper arm of the subcutaneous formulation of DMPA.

Description: PROGRESS was keenly interested in evaluating the acceptability of subcutaneous DMPA 104mg in the Uniject device (Depo-SubQ in Uniject), and the feasibility of introducing the product into community-based programs. The effectiveness of the product has been well demonstrated when injection is done in the abdomen or upper thigh, but effectiveness had not been tested for injections in the upper arm, the likely preferred site for users in community-based distribution programs. Although there was no reason to suspect that the contraceptive effectiveness of Depo-SubQ will depend on the site of injection, a pharmacokinetics (PK) study seemed prudent to demonstrate that the blood levels of medroxyprogesterone acetate (MPA) adequate for effective contraception are achieved when injection is done in the upper arm.
Note: The original intent was to use the Uniject device for this study. However, this would have required the study to be conducted under an IND. In order to expedite the study the registered product Depo-subQ Provera 104™ in the pre-filled glass syringe was used instead.

Subgrantee(s): Eastern Virginia Medical School
Collaborating Agency(s): PATH

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- A concept proposal was drafted and submitted to USAID/W for approval.
- EVMS was selected as the clinical site and a subagreement was developed.
- PPD Development was selected as the laboratory for MPA testing.
- The study budget was finalized.
- PHSC and local IRB (Chesapeake IRB) approval was received in April 2010.
- Study initiation training was conducted in April 2010.
- Study product was donated and shipped by Pfizer in May 2010.
- The study was initiated in May 2010.
- The first monitoring visit occurred in September 2010.
- The protocol was amended for the first time in September 2010 to allow women with higher body mass index to be enrolled in the study. This amendment was approved by PHSC and the local IRB in October 2010.
- The first batch of samples were sent to PPD & analyzed in November 2010. An informal review of the data was done in December 2010, which included the unexpected result of three clients with blood MPA levels less than the established threshold of .2ng/ml.

- The protocol was amended a second time in January 2011 to allow additional women to be enrolled into the study until 24 women (the planned sample size) contributed data to the final analysis. This amendment was approved by PHSC and the local IRB in January 2011.
- The second batch of samples were sent to PPD & analyzed in January 2011. An informal review of the second batch data confirmed the previously detected low blood MPA levels of three clients but did not detect any new clients with low levels of MPA. This warranted the decision to proceed with the trial as planned.
- Enrollment was completed in February 2011.
- The last follow-up visit took place in June 2011.
- Samples were sent to PPD in July 2011 & analyzed in August 2011.
- The close-out monitoring visit occurred in October 2011.
- Data cleaning was completed in October 2011.
- A data freeze was completed in October 2011.

Past Six Months:
- Final data analysis was completed in Jan. 2012.
- A draft manuscript has been prepared and is under internal review.
- An abstract was submitted and accepted to the North American Forum for the Society of Family Planning conference.
- The subagreement FCO was closed.

Year 5 Workplan:
- The manuscript will be submitted for publication.
- The data will be presented at the North American Forum for the Society of Family Planning conference in October 2012.

Acceptability of Subcutaneous DMPA in Uniject - Uganda

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
890125	10/5/2010		MMueller
890123	9/29/2010		MMueller
890022	2/18/2009	9/30/2010	HBurke

Objective(s): 1) To measure the acceptability of Depo-subQ in Uniject among DMPA family planning clients; 2) to measure the acceptability of Depo-subQ in Uniject among family planning providers, both clinic-based and community health workers (CHWs); and 3) to assess provider training materials. Note: A cross-departmental working group was established to identify potential approaches for forecasting demand for selected new technologies and potential viability of programs that provide them. After several meetings, and with the guidance of USAID, the focus and title of the subproject was changed to "Assessing the Acceptability of Depo-subQ in Uniject."

Note: In December 2011, objectives were modified slightly to reflect the revised protocol, which will explore acceptability among all participant clients, whether receiving Depo-subQ in Uniject at a clinic or from a CHW.

Description: Depo-subQ in Uniject will be available for distribution in developing countries in the future. The addition of this new method is anticipated to increase the use of family planning. This outcome hinges on the method being acceptable to in-country decision makers, family planning providers, and

users. Using the following methods, this study will assess acceptability of Depo-subQ in Uniject and offer recommendations for the introduction of this method.
Step 1: Select family planning facilities and community-based distribution (CBD) programs (if available) in each country.
Step 2: Train providers within each study facility and CHWs to administer the method (40 in Uganda; 60 in Senegal).
Step 3: Recruit current intramuscular (IM) DMPA users from study facilities (240 clients in Senegal) or CBD programs (120 clients in Uganda) who will receive one dose of Depo-subQ in Uniject instead of their usual IM injection and complete pre- and post-injection questionnaires to measure acceptability and future intention to use the new method. Participants will be interviewed again at three months post-injection.
Step 4: Invite eligible women who chose not to receive the subcutaneous formulation to complete a short questionnaire to identify the reasons why they do not want to receive the new method (up to 50 per country).
Step 5: Conduct in-depth interviews with study providers to measure acceptability, future intention to administer the subcutaneous formulation and recommendations for introduction of the new method.
Step 6: Analyze data from the small user trials; write a joint publication of the overall results at all sites; write summary report for each country; and distribute the report in each country and to study partners.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional details.
- A concept went to USAID June 2009; USAID approved protocol v2 (Uganda only) Oct 2010 & v4 (GCP) Oct 2011.
- Burke presented at PATH meeting, Dec 2009.
- In Sep 2010, the Malawi site was discontinued; FCO 890022 closed. Uganda chosen as replacement.
- Burke requested donated product from Pfizer, May 2010. Pfizer gave initial approval Feb 2011 but in July 2011 its legal department required the study be GCP compliant. Contract was signed Dec 2011.
- The Senegal mission agreed to contribute funds (FCO 892017). PHSC approved Senegal clinic-based protocol May 2011; local Senegal DMPA working group provided input. A separate community-based protocol was planned but not completed after GCP requirement surfaced. FHI 360 signed contract with PATH Dec 2011 to support HQ activities related to the GCP Senegal study (contract start date Oct 2011 - FCO 996156). See separate EIS report for Senegal.
- Uganda local IRB approval was received Jan 2011 (v2) and May 2011 (v3).
- In July 2010 & Feb 2011, Burke attended meetings with USAID and PATH to discuss research plans. PATH came to FHI 360 June 2011. There are bi-weekly teleconferences with PATH to ensure coordinated activities.
- FHI 360 provided feedback to PATH's training materials.
- In June 2011 Pfizer received MHRA approval of product.
- In June 2011 FHI 360 signed a purchase order with Pharm Access Africa Limited (PAAL) for local regulatory applications & product management.
- PK study results in Aug 2011 allowed for the study to include the upper arm as an injection site.
- PHSC and PATH's Scientific and Merit Review committee approved the protocol and related study materials, Nov 2011 with minor changes, resulting in protocol v5, then sent to sites for translation.
- FHI 360 staff began the process of developing or revising documents and tools for training and implementation.

Past Six Months:

- Local Uganda IRB approval received Feb 2012 (v6).
- The protocol was revised (v7) to incorporate revisions, largely related to Senegal activities after feedback from local stakeholders and IRB responses. Protocol v7 was submitted to local IRB, May 2012.
- In Mar 2012, local staff trained on Uniject with PATH.
- Local study staff and providers received GCP and research ethics training in Feb and March 2012

- All revised SOPs, tools and training materials were developed, reviewed by local staff and translated. All programming was completed for PDA, ClinTrials and EpiData.
- Local regulatory approval to import product was received in April 2012. Product delivered to local clinics in May 2012.
- Master study staff training on the protocol was held in April 2012.
- Two study provider trainings, one per district, were held in May.
- Rapid analysis of training evaluations was completed and feedback sent to the site.
- In June 2012, refresher training was conducted among local study staff, inclusive of training evaluation feedback.
- Client acceptability data analysis plan and initial programming was begun.
- On June 29th, 2012 authorization was given to begin client enrolment on July 2, 2012.

Year 5 Workplan:
- FHI 360 will continue bi-weekly teleconference meetings with PATH.
- The clinical monitor will conduct 3 monitoring trips: just after initiation, mid-point and closeout.
- Client enrollment will be completed.
- Interviews with study providers will be completed.
- The training evaluation report (objective 3) will be completed (inclusive of Uganda and Senegal data).
- Client and provider acceptability data analysis will be completed. This will be a challenge to complete prior to the end of PROGRESS.
- Dissemination plans will be developed and executed. This will be a challenge to complete prior to the end of PROGRESS.
- If time allows, it is anticipated that two journal articles will be drafted, one on client acceptability and one on provider acceptability, as well as a research brief on the overall results. All of these materials will combine Uganda and Senegal data.

Acceptability of Subcutaneous DMPA in Uniject - Senegal

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Senegal

FCO	Approved	C&G Closure	Tech Monitor
892053	2/29/2012		SDiop
996156	1/13/2012		MMueller
892017	7/12/2010		SDiop

Objective(s): 1) To measure the acceptability of Depo-subQ in Uniject among DMPA family planning clients; 2) to measure the acceptability of Depo-subQ in Uniject among family planning providers, both clinic-based and community health workers (CHWs); and 3) to assess provider training materials. Note: A cross-departmental working group was established to identify potential approaches for forecasting demand for selected new technologies and potential viability of programs that provide them. After several meetings, and with the guidance of USAID, the focus and title of the subproject was changed to "Assessing the Acceptability of Depo-subQ in Uniject."

Note: In December 2011, objectives were modified slightly to reflect the revised protocol, which will explore acceptability among all participant clients, whether receiving Depo-subQ in Uniject at a clinic or from a CHW.

Description: Depo-subQ in Uniject will be available for distribution in developing countries in the future. The addition of this new method is anticipated to increase the use of family planning. This outcome hinges on the method being acceptable to in-country decision makers, family planning providers, and

users. Using the following methods, this study will assess acceptability of Depo-subQ in Uniject and offer recommendations for the introduction of this method.
Step 1: Select family planning facilities and community-based distribution (CBD) programs (if available) in each country.
Step 2: Train providers within each study facility and CHWs to administer the method (40 in Uganda; 60 in Senegal).
Step 3: Recruit current intramuscular (IM) DMPA users from study facilities (240 clients in Senegal) or CBD programs (120 clients in Uganda) who will receive one dose of Depo-subQ in Uniject instead of their usual IM injection and complete pre- and post-injection questionnaires to measure acceptability and future intention to use the new method. Participants will be interviewed again at three months post-injection.
Step 4: Invite eligible women who chose not to receive the subcutaneous formulation to complete a short questionnaire to identify the reasons why they do not want to receive the new method (up to 50 per country).
Step 5: Conduct in-depth interviews with study providers to measure acceptability, future intention to administer the subcutaneous formulation and recommendations for introduction of the new method.
Step 6: Analyze data from the small user trials; write a joint publication of the overall results at all sites; write summary report for each country; and distribute the report in each country and to study partners.

Subgrantee(s): CEFOREP
Collaborating Agency(s): PATH

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Begun in 2009 under FCO 890022 for a study in Malawi, the project evolved so that the study sites are now Uganda and Senegal. This subproject report was opened in 2012 for reporting on the study in Senegal. See the Uganda study report under FCO 890123 for additional accomplishments before 2012.
- In July 2011, Pfizer required the study become GCP compliant prior to agreeing to donate the investigational study product. Soon after, with agreement between USAID, Bill & Melinda Gates Foundation, and PATH, FHI 360 began negotiations with PATH for support of HQ activities related to Senegal. A contract, under FCO 996156, was signed with a start date of Oct 2011 and end date of Dec 2012, with a possible extension if PATH is granted extension from its funder (Gates). PROGRESS field support funds continue to support in-country activities for Senegal.
- Throughout Fall 2011, the study was redesigned to be fully GCP compliant. FHI 360 staff reviewed and revised study materials to reflect the GCP compliance.
- PATH's Scientific and Merit Review committee and the Senegal Technical Working Group for DMPA reviewed protocol v4. Minor changes from PATH resulted in v5, which was then submitted to PATH's IRB.
- USAID gave protocol approval for Senegal activities in Oct 2011.
- Protocol v5 and related study documents were sent to Senegal for translation.
- A site visit was conducted by H. Burke and R. De Buysscher in Nov 2011.
- The contract with Pfizer for donated product was signed in Dec 2011.

Past Six Months:

- FHI 360 continued to hold bi-weekly teleconferences with PATH to coordinate and collaborate on efforts.
- In Jan 2012, the agreement with PAAL was modified to remove the deliverable and costs related to local regulatory application due to lack of language capacity. It is awaiting PAAL signature to finalize.
- A study coordinator was hired in Jan 2012 to work closely with CEFOREP. She notified the team of her resignation in April 2012 and assisted in the transition to a new study coordinator. The new coordinator was hired directly by CEFOREP and attended master training (May), but was unavailable for full-time work until July 2012.
- FHI 360 redeveloped the SOPs and training materials, and programming PDAs, Clin Trials, Epi Data.
- Protocol v5 and modifications for v6 and v7 and related study documents were translated.

- FHI 360 provided feedback to PATH's training materials.
- PATH's initial IRB comments resulted in v6 which then went to PATH's full committee and to the local Senegal IRB. Version 7 went to PATH and local IRBs, April 2012. PATH gave conditional approval, Mar 2012 and full approval, June 2012.
- Local IRB approval was received in April 2012.
- Submission for study product import was made in April 2012, and approval was received in May 2012.
- In April 2012, local staff received GCP and research ethics training.
- In May 2012, local staff attended the training of trainers on Depo-subQ in Uniject.
- In May 2012, HQ staff led a 1-week master protocol training of core staff, followed by more than a week of clinic visits and preparations.
- In May and June 2012, study providers received GCP and research ethics training.

Year 5 Workplan:
- FHI 360 will continue bi-weekly teleconference meetings with PATH.
- The PAAL agreement amendment will be finalized.
- The clinical monitor and a research associate will visit the site to help with final preparations before study initiation.
- Product will be transferred to study clinics (required for start of provider trainings). Authorization to ship study product from FHI 360 RA/QA will be received July 10, 2012.
- The series of 4 trainings for the 60 study providers (20 clinic-based providers and 40 CHWs/matrons spread across 3 districts) will be completed by the end of August, which includes data collection related to evaluating the training on Uniject.
- Refresher training for research assistants will be held during the training of the matrones.
- The clinical monitor will conduct 3 monitoring trips: just after client enrollment begins, mid-point and closeout.
- Client enrollment will begin in late August and be completed within 6 months.
- Interviews with study providers will be completed.
- The training evaluation report (objective 3) will be completed (inclusive of Uganda and Senegal data) and sent to PATH and USAID.
- Client and provider acceptability data analysis will be completed; although this will be a challenge under the current PATH award timelines.
- Dissemination plans will be developed and executed; although this will be a challenge under the current award timelines.
- If time allows, it is anticipated that two journal articles will be drafted, one on client acceptability and one on provider acceptability, as well as a research brief on the overall results. All of these materials will combine Uganda and Senegal data.

Development of LNG - Butanoate with CONRAD, 2010-2013

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): USA

FCO	Approved	C&G Closure	Tech Monitor
890071	12/4/2009		LWilson
890069	12/4/2009		LWilson

Description: This activity is being funded via an interagency agreement with NIH and USAID. FHI 360 has no study-related tasks assigned under this activity. Reporting of this activity to USAID will be done by CONRAD.

Subgrantee(s): CONRAD

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- An FCO was established in December 2009.
- The subagreement was drafted and sent to USAID/W for approval.
- USAID/W approval for the subagreement was received on December 30, 2009 and the subagreement was subsequently sent to CONRAD for signature.
- FHI 360 transferred the first tranche of funds (Year 2) to CONRAD on February 15, 2010.
- Additional funding for Year 3 was requested, and received in October 2010.
- An amendment to the subagreement for the Year 3 funding was sent to USAID for review and approved as of November 23, 2010. It was sent to CONRAD for signature in December 2010.
- Additional funding under PROGRESS's Year 4 was received as of September 2011. An amendment was prepared and submitted to USAID for review and approval in October 2011.

Past Six Months:
- The amendment to the subagreement adding Year 4 funds was approved by USAID in January 2012. It was subsequently co-signed with CONRAD. An invoice was received and payment made in June 2012.
- The activity is being implemented by CONRAD and additional reporting to USAID will be done by CONRAD.

Year 5 Workplan:
- Additional funding has been allocated for support of CONRAD work on LNG-Butanoate. Another amendment to the subagreement will be developed, approved by USAID, and sent to CONRAD.

Use of DMPA in India: A Study of User Experience and Support Systems in Private Sector Facilities

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892051	11/15/2011		SSen
892025	10/1/2010		SSen

Objective(s): 1) To summarize information about current DMPA activities in India, including identifying DMPA providers trained by various private sector schemes and NGOs and summarizing DMPA-related service statistics; 2) to describe DMPA acceptability and use experiences among Indian women, including reasons for discontinuation of DMPA; 3) to examine how providers' knowledge, attitudes and motivations influence DMPA uptake and continued use; and 4) to assess how different service delivery environments may influence acceptability and continued use of DMPA (including follow-up of clients).
Note: The title was updated to reflect the approved protocol.

Description: In India, the Ministry of Health and Family Welfare (MOHFW) would like additional India-specific evidence on continuing use of DMPA. FHI 360/PROGRESS in India has received funds from the USAID/India Mission to support the gathering of this evidence through an assessment. The assessment will collect information on the current DMPA activities in India, including the experience of existing injectable users and their reasons for continuation or discontinuation. It will also examine knowledge and attitude of providers and assess different service delivery environments. The aim of the assessment will

be to inform policy makers in India, specifically the MOHFW, on whether or not to introduce injectable contraception more broadly (in the public sector) in India.
The study will be conducted in areas where DMPA is provided through organized networks, including Mumbai and Kolkata in West Bengal.

Subgrantee(s): Sigma

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- Funding approval for this study was received in September 2010 from the USAID/India mission.
- A detailed concept note and assessment design were prepared and submitted to the USAID/India mission for review and approval.
- The protocol was developed, reviewed, and submitted to the local Futures Group IEC for approval. While suggesting a few changes, the local IEC granted approval in May 2011.
- A consultative meeting was held with Population Council to explore the opportunities for collaboration as they are conducting a similar study.
- USAID approval for the protocol was received July 2011. An informational update outlining changes made to the protocol was submitted to the local Futures Group IEC in Sept 2011. PHSC expedited approval was received Sept 2011.
- Data collection instruments were developed and approved by Dec 2011.
- Through an RFP process, a local research agency, Sigma, was selected to conduct the data collection. A subcontract was drafted in Dec 2011.

Past Six Months:
- The subcontract with Sigma was finalized in Jan 2012.
- A desk review was completed in Jan and Feb 2012.
- The first training of data collectors took place in February.
- Due to a conflict of interest with ongoing projects in one of the initial study sites, Agra, the site was changed to Kolkata. The study protocol was amended, and the IRB and PHSC were informed about the site change.
- Providers from the Family Planning Association of India (FPAI) and National Integrated Medical Association (NIMA) network were selected for data collection in Mumbai. These providers were oriented on the study details in April 2012.
- The Mumbai research team was trained on research ethics in June 2012.
- Data collection instruments were translated into Marathi and Bengali in May. The Marathi tools were pre-tested in Mumbai in June 2012.
- Providers from Parivar Seva Sanstha (PSS; the Marie Stopes affiliate in India) clinics and BlueStar social franchising network were selected for data collection in Kolkata.

Year 5 Workplan:
- PSS and Bluestar network providers in Kolkata will be oriented to the study in July 2012.
- Researchers in Kolkata will be recruited and trained, and pre-testing of the Bengali tools will take place in July 2012.
- Data collection will begin in July and be completed at both sites by October 2012.
- Implementation by the research agency will be monitored throughout the period of fieldwork.
- Digital transcripts and the hard copies of completed study instruments will be received from the research agency by November 2012.
- The data will be analyzed by FHI 360/NC.
- Plans will be developed for the dissemination of the study findings to the Government of India and to activists in the field of reproductive health, and to the media.

Acceptability of Different Brands of DMPA

Status: New *Projected End Date: 6/17/2013*

Country(s): TBD Africa

FCO	Approved	C&G Closure	Tech Monitor
TBD			DChinQuee

Objective(s): 1) To document factors that influence provider's decision to provide different brands of DMPA; and 2) To document factors that influence client's decisions to adopt different brands of DMPA.

Description: Currently, USAID procures DMPA for its country programs only from Pfizer. USAID's desired procurement volume, however, is larger than Pfizer's current production capability (currently 48 million vials per year). In addition, USAID believes that it is not prudent to rely on a single manufacturer for this high-demand product. Two generic DMPA products have potential for procurement and distribution by USAID. These two products are from Helms, in South Africa, and from PT Tunggal, in Indonesia. The prequalification of these products, both by WHO as well as by an international distributor from which USAID can procure contraceptives, is in process. In the interim, USAID would like to understand what factors may influence the distribution and utilization of different brands of DMPA within family planning programs. These data will help inform factors that must be considered when distributing the new generic products, when they become available.
To meet this need, FHI 360/PROGRESS will implement a study in a least two African countries where different brands of DMPA are available in the same clinic or the same community-based distribution program. Ideally, countries and sites where all three products are available will be chosen. Countries will be identified from information provided by USAID as well as through the use of *RH Interchange*, a database that tracks contraceptive commodity distribution by major donors.

Year 5 Workplan:
- A concept plan for this activity will be agreed upon between FHI 360/PROGRESS and USAID. It will ensure a completion date within the timeframe of PROGRESS.
- Following agreement on the concept, FHI 360 will implement the activity.

Effectiveness, Safety, and Acceptability of Sino-Implant (II): a Prospective Post-Marketing Study in Kenya

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890076	12/28/2009		PFeldblum

Objective(s): 1) To conduct post-marketing monitoring of the contraceptive effectiveness, safety and acceptability of Zarin, the trade name of Sino-Implant (II) in Kenya; and 2) to evaluate the quality of services, training, and counseling.

Description: PROGRESS and the Bill & Melinda Gates Foundation (BMGF) have similar goals of improving access to family planning, particularly for underserved groups. One specific priority of PROGRESS, expanding the method mix in countries, is central to the BMGF Sino-Implant (II) grant being implemented by FHI 360 and its global partners (Marie Stopes International (MSI), PSI, IntraHealth, EngenderHealth, DKT, Pharm Access Africa, etc.). So far under this grant, Sino-Implant (II) has been

registered in 18 countries and efforts are underway in 11 additional countries. As part of the grant, a post-marketing surveillance framework has been finalized including: 1) pharmacovigilance plan; 2) monitoring of service delivery statistics (e.g. units inserted/removed, pregnancy and adverse events, etc.); 3) client cards with hotline/text number distributed; 4) annual survey of distributors; and 5) multi-country post-marketing studies. The BMGF Sino-Implant (II) grant has sufficient funding to conduct post-marketing studies in three countries. This effort will expand to at least two additional countries under PROGRESS.

The post-registration program for Sino-Implant (II) follows the WHO guidelines for post-registration surveillance of steroidal contraceptive drugs (WHO 1987). One of the important components of a post-registration strategy is a prospective post-marketing study to evaluate effectiveness, safety and acceptability of the contraceptive method in a real-world setting after it has been approved for public use. In addition to safety and effectiveness data, data on access to removal, safety of the surgical procedures and adequacy of pre-insertion counseling will be collected.

Note: The Kenya protocol under FCO 890076 split into a separate subproject from the Pakistan protocol (FCO 890121) as of Nov. 2010.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Preliminary work for this activity was completed under FCO 890061.
- A concept paper was submitted to USAID for review in December 2009.
- This activity was approved as part of the Year 1 and 2 Workplan Addendum.
- See FCO 890121 for work related to the Pakistan protocol, supported by FCO 890076 through July 2010.
- The FHI 360/NC and Nairobi teams discussed the organizational set-up of the study.
- The study protocol, data collection tools, and informed consent forms were drafted, and the study budget was finalized.
- A co-investigator at the MOH and a study coordinator at the FHI 360/Nairobi office were identified.
- The study protocol was approved by PHSC in March 2011 and by the local IRB in May 2011.
- Three clinics outside Nairobi were identified in March 2011. The study coordinator chose these sites based on the volume of implant insertions and the proximity to Nairobi.
- A site evaluation visit was conducted at one of the clinics in June 2011.
- The study manual, monitoring plan, case report forms, Epi-Data files and data management plan were finalized.
- Study training was prepared and study-specific training was conducted in June 2011.
- Enrollment in the study commenced in July 2011. Follow-up visits began in October 2011.
- The study coordinator and study monitor have visited the clinics and observed all study procedures.
- The statistical analysis plan was finalized in November 2011.

Past Six Months:

- Enrollment was completed in January 2012.
- An interim monitoring visit was conducted at each clinic in March 2012.
- All enrollment and 3-month follow-up data have been transmitted to FHI 360/NC.

Year 5 Workplan:

- Twelve-month follow-up visits will occur between July 2012 and February 2013.
- An interim monitoring visit and a closeout visit will be conducted.
- All data will be transmitted to FHI 360/NC by March 2013. Data will be cleaned and analyzed.
- A manuscript for submission to a peer-reviewed journal will be drafted by June 2013. A research brief will developed by June 2013. Both of these publications will cover both the Kenya and Pakistan studies.
- Pending further discussions and the availability of data, a presentation on preliminary data from the Pakistan and Kenya Sino-Implant (II) studies will be presented during a PROGRESS end-of-project technical meeting on LAPMs in January or February 2013.

Prospective Study of the Clinical Performance of Femplant in Pakistan

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Pakistan

FCO	Approved	C&G Closure	Tech Monitor
890121	8/23/2010		PFeldblum
890118	8/12/2010		PFeldblum

Objective(s): 1) To conduct post-marketing monitoring of contraceptive effectiveness, safety and acceptability of Femplant, the trade name for Sino-Implant (II) in Pakistan; and 2) to evaluate the quality of services, training, and counseling.

Description: PROGRESS and the Bill & Melinda Gates Foundation (BMGF) have similar goals of improving access to family planning, particularly for underserved groups. One specific priority of PROGRESS, i.e., expanding the method mix, is central to the BMGF Sino-Implant (II) grant being implemented by FHI 360 and its global partners (Marie Stopes International (MSI), PSI, IntraHealth, EngenderHealth, DKT, Pharm Access Africa, etc.). So far under this grant, Sino-Implant (II) has been registered in 18 countries and efforts are underway in 11 additional countries. As part of the grant, a post-marketing surveillance framework has been finalized including: 1) pharmacovigilance plan; 2) monitoring of service delivery statistics (e.g. units inserted/removed, pregnancy and adverse events, etc.); 3) client cards with hotline/text number distributed; 4) annual survey of distributors; and 5) multi-country post-marketing studies. The BMGF Sino-Implant (II) grant has sufficient funding to conduct post-marketing studies in three countries. This effort will expand to at least two additional countries under PROGRESS. The post-registration program for Sino-Implant (II) follows the WHO guidelines for post-registration surveillance of steroidal contraceptive drugs (WHO 1987). One of the important components of a post-registration strategy is a prospective post-marketing study to evaluate effectiveness, safety and acceptability of the contraceptive method in a real-world setting after it has been approved for public use. In addition to safety and effectiveness data, data on access to removal, safety of the surgical procedures and adequacy of pre-insertion counseling will be collected.
Note: The title was changed to reflect protocol for Pakistan and split to new subproject from the Kenya protocol, FCO 890076, in Nov. 2010.

Subgrantee(s): Marie Stopes Society (MSS), Pakistan

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Through July 2010, and under FCO 890076, FHI 360, in close collaboration with MSI, selected Pakistan as one of the two countries where the study will be implemented, and received preliminary verbal approval from USAID to proceed.
- The protocol, informed consent documents, and case report forms were drafted and submitted to Marie Stopes Society (MSS)/Pakistan for country-specific comments.
- MSS/Pakistan submitted an estimated budget to FHI 360.
- MSS/Pakistan and FHI/Pakistan initiated negotiations with local stakeholders regarding the study, training, and potential sites.
- The protocol was finalized and approved by USAID in October 2010.
- The protocol and informed consents were approved by PHSC in December 2010.
- A subagreement with MSS/Pakistan was executed.
- The protocol, informed consent forms, and case report forms were submitted to the local IRB in Pakistan for approval in May 2011.
- Participating clinics were selected, and randomized to prospective or surveillance cohorts.

- The subagreement was amended for a no-cost extension.
- The Study Manual, Data Management and Statistical Analysis Plans, and Epi-Data files were finalized.
- Data collectors were hired, and training was conducted for all study staff.
- Study enrollment commenced in October 2011. Enrollment was completed in December 2011.

Past Six Months:
- Three-month follow up visits were completed in March 2012.
- MSI transmitted enrollment and 3-month datasets to FHI 360 in May 2012.

Year 5 Workplan:
- Twelve-month follow up visits will occur October 2012 – January 2013.
- Final datasets will be transmitted to FHI 360 by January 2013; data will subsequently be cleaned and analyzed.
- The subagreement with Marie Stopes will be closed in March 2013.
- A manuscript for submission to a peer-reviewed journal will be drafted by June 2013. A research brief will be developed by June 2013. Both of these publications will cover both the Kenya and Pakistan studies.
- Pending further discussions and the availability of data, a presentation on preliminary data from the Pakistan and Kenya Sino-Implant (II) studies will be presented during a PROGRESS end-of-project technical meeting on LAPMs in January or February 2013.

Improved Counseling on Implants to Reduce Unintended Pregnancy

Status: Complete *End Date: 4/30/2012*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890074	12/15/2009	8/31/2011	DHubacher
890049	7/16/2009	4/30/2012	DHubacher
112129	11/29/2006	2/28/2010	DHubacher

Objective(s): 1) To measure the percent distribution of the contraceptive method chosen by the participants (implants, DMPA, and oral contraceptives); 2) to compare the percentage of women in each group who get pregnant over the 18-month period: implant group versus the DMPA/oral contraceptive group; 3) to measure the continuation rates of the different contraceptive methods; and 4) to assess the acceptability of implants through in-depth interviews.

Description: Because of possible ambivalence toward future pregnancy, many young women have vague or initial short-term contraceptive needs (4-12 months) when they seek services. They do not naturally request long-acting implants for pregnancy protection and instead, self-select toward short-term methods; this often sets them on a path toward unintended pregnancy. Short-term methods are difficult to use consistently and correctly; when side effects arise and/or when actions are needed to continue using these methods, ambivalence toward pregnancy can prevail and lead to early method discontinuation. Unintended pregnancies in this population can limit educational opportunities, affect desires to gain employment outside the home, and prevent realization of other goals.

This subproject involved an observational study of directed counseling to test the appropriateness of offering implants to young women who would normally receive DMPA for short- or indefinite-term contraceptive needs. In a single clinic, providers recruited 400 women with the following characteristics:

aged 18-24, seeking DMPA, having vague or short-term contraceptive needs (4-12 months), willing to participate in a prospective study. Women were followed prospectively for 18 months regardless of whether they switched methods; continuation rates and pregnancies were the primary and secondary outcomes, respectively. In-depth interviews were conducted with a small number of implant users who completed 12 months of use without discontinuation. These interviews examined young women's acceptability of implants versus shorter-term methods and how method use may have affected other aspects of their lives.

Subgrantee(s): University of Nairobi Institute of Tropical and Infectious Diseases (UNITID)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- In Dec. 2006, a concept proposal was prepared and submitted to USAID for approval.
- USAID gave final approval in Sep. 2007.
- The protocol was submitted and approved by FHI 360's PHSC in Nov. 2007 and the Kenya IRB in Feb. 2008.
- Political conflict in Kenya related to the elections led to additional delays and discussions about changing countries.
- Protocol amendments were approved in April and May 2008.
- The subagreement with University of Nairobi Institute of Tropical and Infectious Diseases (UNITID) was signed in June 2008.
- FHI 360 staff turnover and time required to competitively hire a study nurse caused some delays; UNITID hired a study nurse for the activity in Oct. 2008.
- The first participant was enrolled in Nov. 2008. Recruitment was slower than expected, given previously documented site information and analysis.
- Recruitment was completed in June 2009.
- Preliminary findings were presented at the 2009 International Conference on Family Planning (ICFP) held in Kampala.
- In March (subagreement) and June 2010, the study transitioned from CRTU to PROGRESS (updated).
- All participants completed at least one full year of follow-up in June 2010.
- Preliminary findings were presented at the Association of Reproductive Health Professionals Annual Meeting in Atlanta in Sep. 2010.
- In Dec. 2010, all participants completed the follow-up period.
- The Kenya study team continued with the final follow-up interviews and data entry, completed final status forms for all study participants, and completed the in-depth interviews for the qualitative study.
- Preliminary findings from this study were shared at the Kenya Obstetrical and Gynecological Society Annual meeting held in Jan. 2011.
- Final data querying and cleaning was completed in May 2011.
- The first paper, "Factors associated with uptake of subdermal contraceptive implants in a young Kenya population," was published in Contraception in Oct. 2011 (FHI Pub 2011-102).
- The final paper was submitted for publication in Nov. 2011.
- An oral presentation on this activity was made at the 2011 ICFP in Dakar.
- Findings were disseminated during LAPM trainings for service providers in Kenya, taking place under FCO 892020.

Past Six Months:

- Findings continued to be disseminated during LAPM trainings for service providers in Kenya.
- The final paper, "Preventing unintended pregnancy among young women in Kenya: prospective cohort study to offer contraceptive implants" was accepted for publication in May 2012 by Contraception. (FHI Pub 2012-70)
- The subproject ended and the FCO was closed in April 2012.

Findings and Outcomes:

- Two papers were written on this study:
- "Factors associated with uptake of subdermal contraceptive implants in a young Kenyan population." Contraception, Oct 2011 (FHI Pub 2011-102). After contraceptive counseling and informed choice, 97 (24%) of the 396 eligible participants chose the implant. The DMPA/COC users were remarkably similar to the implant users when comparing standard demographic characteristics. Only education levels were statistically different; 32% of implant users and 19% of DMPA/COC users were in the highest education category. Implant attributes and some health concerns about DMPA were important predictors of choosing an implant. Implant users cited more specific product features to explain their preference, compared with DMPA/COC users. As the authors noted, "implants provide single-visit protection from unintended pregnancy until removal is sought. Thus, even for young women with contraceptive needs of about 2 years, the implant may be a reasonable option. Wider availability of a lower-cost product may ease supply-side limitations and expand uptake in nontraditional populations."
- "Preventing unintended pregnancy among young women in Kenya: prospective cohort study to offer contraceptive implants." Contraception, May 2012 (FHI Pub 2012-70) We recruited 399 Kenyan women aged 18-24 years into a prospective cohort study if they wanted short-acting hormonal methods (injectable or oral contraceptives). We offered an implant and formed two study groups: implant and short-acting. For contraceptive discontinuation/pregnancy, we used log-rank tests and proportional hazards models. We applied intent-to-treat principles to evaluate the role of initial method choice on future pregnancy. Twenty-four percent opted for an implant (n=97) and the remainder for a short-acting method (n=299). The 18-month discontinuation probability was 21 per 100 for implant users and 43 per 100 for the short-acting method group (p = 0.001). Twenty-two unintended pregnancies occurred; all were among the short-acting group. The adjusted relative risk of pregnancy among the short-acting group vs. implant group was 7.4 (95% CI: 1.6, 34.5). Many Kenyan women found implants to be a reasonable alternative to short-acting methods. Having choice is essential and starting on implants provides substantial and clear protection from unintended pregnancy, relative to short-acting methods.

Collaborative Research on Implants

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890116	7/21/2010		DHubacher
996054	5/26/2010	10/31/2010	DHubacher
112125	7/20/2006	4/28/2010	DHubacher

Objective(s): 1) Initially, to provide financial support for a WHO clinical trial to allow continued follow-up of Implanon users through five years; 2) to provide partial support for data management; and 3) through both USAID and WHO funding, to support the monitoring of all the clinical trial sites.

Description: The 2-rod, 5-year Jadelle and the 1-rod, 3-year Implanon implants are approved by numerous drug regulatory authorities. Several options could allow implants to become a lower-cost, sustainable method: e.g. if Implanon was shown to last longer than the existing three-year labeling; if there was a greater price competition between the manufacturers of Implanon and Jadelle; or if new, lower-cost alternatives became available.
There are no published studies comparing Jadelle and Implanon. All Implanon data come from studies sponsored by the company that developed and marketed it. Donors and programs are shifting from Norplant to Jadelle/Implanon. WHO's study comparing contraceptive effectiveness and acceptability of Implanon and Jadelle enrolled 2,008 women randomized to either implant and 974 age-matched women

to copper-IUDs. The last site to complete enrollment was Thailand in Jan. 2008. The implant group will provide comparative data on incidence of common non-reproductive complaints in users of longer-term reversible contraceptive methods. The trial is being conducted in WHO collaborating centers in 7 countries.
Support has been severely affected by funding limitations at WHO. In addition, as WHO requested an extended follow-up of two years, FHI 360 has provided financial and monitoring support to the trial to allow continued follow-up of participants. CREP, the data monitoring center, was in charge of data management from the summer of 2006 through Aug. 2010. WHO has since re-assumed data management responsibilities, while FHI 360 continues to provide partial support. FHI staff monitored the clinical trial sites with CRTU funding through Apr. 2010. WHO (FCO 996054) funded FHI to continue monitoring from May-Sep. 2010; the WHO contract was later extended through Oct. 2010 in order to complete tasks started in May 2010. PROGRESS is providing funding from Oct. 2010 – June 2013 (FCO 890116) in order to support essential monitoring and management duties for the trial.

Collaborating Agency(s): World Health Organization (WHO)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- See previous annual reports for more information.
- In 2006, USAID approved FHI support to WHO and subagreement signed; database from WHO to the CREP data center transferred.
- In 2007, the Monitoring Plan was finalized and initial site evaluations completed; study manual was finalized and Investigators' Meeting held in Argentina; Dr. Kelly Culwell replaced Dr. Nuriye Ortayli as WHO project manager (PM) in Dec. and FHI conducted GCP training for Thailand site.
- In 2008, all sites completed recruitment by the end of Jan; FHI 360 finalized monitoring plan 2.0 in Mar. focusing on monitoring overall study compliance, key endpoint data, informed consents, and regulatory documents.
- In 2009, a second newsletter was issued, Dr. Emily Jackson took over as WHO PM from Dr. Kelly Culwell in Sep. and GCP and RE training was performed at the Turkey site in Dec.; Brazil and Turkey participants completed the study at the end of 2009.
- In 2010, FHI 360 finalized monitoring plan v.3.0 in Jan, focusing on monitoring on participant eligibility, study endpoints, participant status and ICFs, and resolution to IC issues.
- In Apr, USAID/CRTU funding ended. Essential work continued with interim support from WHO. Funding was secured from USAID/PROGRESS.
- In Aug, WHO ended the DM contract with CREP and data were transferred back to WHO in Sept.
- Dr. Moazzam Ali took over from Dr. Emily Jackson as WHO PM in Sep. 2010.
- Staff conducted monitoring visits at the Thailand and Zimbabwe sites; Dr. Ali accompanied FHI 360 on Brazil and Chile visits.
- Activity transitioned to PROGRESS funds (FCO 890116) in Nov. 2010; WHO ERC approved continuation of the subproject in Dec. 2010.
- Study team resolved data problems from previous monitoring trips/data cleaning processes.
- In 2011, data review and clean-up was conducted at WHO since the CREP transfer.
- Data cleaning and issuing of queries began in February 2011 at WHO in preparation for Brazil, Hungary, and Turkey close-outs.
- Close-out visits were conducted for Szeged and Ankara sites.

Past Six Months:
- FHI 360 staff provided assistance to WHO on DM site queries.
- FHI 360 provided regular site project management.
- Interim monitoring visits were conducted for Santo Domingo, Harare and Bangkok sites.

Year 5 Workplan:
- FHI 360 staff will provide assistance to WHO on data management site queries.
- FHI 360 will provide site project management of files and regular site correspondence.
- A study newsletter will be issued.

- Interim monitoring visits will be conducted in Santiago, Chile; and Harare, Zimbabwe.
- Close-out visits will be conducted in Campinas, Brazil; Harare, Zimbabwe; Santo Domingo, Dominican Republic; Santiago, Chile; and Bangkok, Thailand.

Findings and Outcomes:
- FHI 360 has improved the conduct, reporting, and data quality of this important trial. This collaboration between FHI 360, WHO and USAID has shown how leveraged funds can optimize scarce financial resources.
- All participants in Campinas, Brazil (n=390) and Ankara, Turkey (n=295), and Szeged, Hungary (n=270) have completed the study; the Campinas site is pending a close-out visit. Below are the remaining sites, estimated number of participants who were still in active follow-up per May 2012 WHO DM report or last monitoring report, and the estimated date for the closeout visit.
- Brazil (0): Nov 2012
- Chile (35): March 2013
- DR (41): Feb 2013
- Thailand (34): March 2013
- Zimbabwe (1): March 2013
- Any variations in active totals from the last EIS report could be due to how potential lost to follow-up was captured or updated information from the site/WHO DM.

Leadership and Advocacy on Introducing and Increasing Access to Implants and other Underutilized Contraceptive Methods

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892049	11/10/2011		SSen

Objective(s): 1) To share global evidence and experiences on new contraceptive methods; 2) To inform, consult and influence partners and stakeholders by sharing scientific clinical updates and technical feasibility of new contraceptives; 3) To identify priority areas for advocacy and create an environment to deliver shared policy outcomes around contraceptive choices; and 4) To share in-country experiences and best practices on increasing uptake of underutilized contraceptive methods.

Note: The objectives were updated in June 2012 to reflect the specific scope of work agreed upon with the USAID Mission in India. The objectives now reflect a focus on many underutilized methods of contraception in India, not just implants.

Description: FHI 360, through the PROGRESS project, and Marie Stopes International/India (MSI), through the Support for International Family Planning Organisations (SIFPO) project, are collaborating to organize a consultation of stakeholders and like-minded organizations in India as part of an advocacy campaign for new and underutilized contraceptive methods, including contraceptive implants. The consultation will aim to share global evidence and experiences on new contraceptive methods, to identify priority areas for advocacy and create an environment to deliver shared policy outcomes around contraceptive choices, and to share in-country experiences and best practices on increasing uptake of underutilized contraceptive methods. The meeting title is Expanding contraceptive choice in India: Focus on new and underutilized methods; it is scheduled to be held on September 6-7, 2012.
FHI 360 and MSI propose to enter into a short term engagement with Advocating Reproductive Choices (ARC), to coordinate roles and responsibilities for leading this stakeholder consultation, with technical and funding support from FHI 360 and MSI.

Collaborating Agency(s): Advocating Reproductive Choices Network (ARC); Marie Stopes International

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- The concept note was prepared and discussed with USAID/India.

Past Six Months:
- Between May-June 2012, meetings were held with MSI and ARC to discuss the roles and responsibilities of the key organizations.
- A list of participants, with representations from civil societies, government, donors and regulatory bodies, was developed.
- A concept note and save the date mailer were developed for circulation to all the invited participants.
- Meetings were held with donors, including USAID and UNFPA, to inform them about the planned consultation and to elicit feedback on the new and underutilized contraceptive methods to be discussed.
- FHI 360 and MSI began developing a brochure about implants for circulation at the consultation.
- An initial agenda for the consultation was drafted and potential speakers were contacted.
- A short-term engagement plan, specifying the roles and responsibilities of the three organizations involved (FHI 360, MSI and ARC) was developed and will be signed.
- A consultant has been hired by MSI to develop all the documents required for circulation at the event.
- Since the activity is jointly funded by MSI and FHI 360, a budget was developed to clarify the distribution of costs between the two organizations.

Year 5 Workplan:
- Regular update meetings will be held between ARC, MSI and FHI 360.
- The save the date mailer, concept note, and agenda will be finalized and disseminated to invited participants.
- The stakeholder consultation will be promoted via and linked to the ongoing India e-fp forum (FCO 890042).
- The brochure on implants will also be finalized for the event.
- The meeting will be held in September. It is expected that approximately 50-60 people will attend.
- A final report of the findings from the stakeholder consultation will be circulated to all stakeholders and will be subsequently presented to the government.
- In addition to the stakeholder consultation, MSI and FHI 360 will sponsor a session on “Contraceptive technology: Current and near future”; at the World Congress on Population Stabilization, organized by the Federation of Obstetric and Gynaecological Societies of India (FOGSI), on July 7-,8 2012. The session will include presentations by Dr. Pritha Biswas (MSI) on – “The Contraceptive Implant: MSI's global experience” and by Dr. Malabika Roy (ICMR) on the findings of a Phase III multicenter clinical trial with subdermal single rod contraceptive implant, Implanon.

Helping Women Avoid Short Birth Intervals: Introducing LNG IUS Services in the Public Sector

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890036	6/17/2009		DHubacher

Objective(s): To give recent postpartum women an opportunity to try the levonorgestrel intrauterine system (LNG IUS); and to review the LNG IUS experiences of a Kenyan service delivery organization.

Note: The title and objectives evolved from those included in the Year 2010 Workplan based on conversations with USAID.

Description: The LNG IUS is being introduced by service delivery organizations on an experimental basis in several developing countries, including Kenya. The LNG IUS offers women another option for easy-to-use, long-acting contraception. As different service delivery organizations begin to offer the product on a limited basis, it is important to document the experience to help gauge how important the product might become in the future.
In this subproject, FHI 360 will undertake two distinct activities. First, FHI 360 will introduce the LNG IUS in a public sector facility and give recent postpartum women an important new contraceptive choice to avoid short birth intervals. Second, FHI 360 will work with Marie Stopes/Kenya to evaluate their experience with the LNG IUS, by reviewing service statistics and by interviewing providers on their experiences with the product.

Collaborating Agency(s): Marie Stopes Kenya

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- Three different concept proposals were submitted to USAID in the first part of Year 2.
- Discussions with USAID were held on numerous occasions to finalize an approach to conducting research with the LNG IUS. As a result, the title and objectives of this subproject changed.
- The activity, Evaluation of Users of Long-Acting Reversible Contraception in Kenya, FCO 890044, was merged with this subproject in the fall of 2009.
- The International Contraception Access Foundation was contacted in Nov 2009 and appeared willing to donate commodities for the study.
- A concept paper was approved by USAID/W in Dec. 2009.
- The concept paper was revised and resubmitted to USAID in Mar 2010.
- FHI and USAID agreed on a design for this study in May 2010.
- A protocol was submitted for internal and USAID review. It was approved on June 23, 2010.
- PHSC approved the initial study protocol on Aug 27, 2010.
- In Aug 2010, the International Contraceptive Access Foundation did not approve the commodity donation and the appeal process began.
- In Sept 2010, USAID put the study on hold until a donation could be secured.
- A new donation request was submitted to Bayer HealthCare in Oct 2010.
- PHSC requested minor changes and approved a revised protocol on December 13, 2010.
- In Mar 2011, the ICA Foundation agreed to donate 500 IUS for the project.
- The protocol was approved by the Kenya Medical Research Institute on May 11, 2011.
- Study forms were finalized in June 2011.
- The study site was prepared.
- Recruitment began on July 15, 2011.

Past Six Months:
- D. Hubacher traveled to Kenya to meet with the Marie Stopes Kenya (MSK) team to plan activities.
- The data entry process began for admission forms.
- IRB approval to expand recruitment beyond 600 participants was received.
- Recruitment was completed on May 11, 2012 with a total of 671 participants enrolled.
- Preliminary results show that the methods chosen are as follows: LNG IUS (92), subdermal implant (204), DMPA (245), progestin-only pills (110), the copper IUD (15), and other (4).

Year 5 Workplan:

- In Aug and Sept 2012, qualitative interviews will be conducted with approximately 20 Marie Stopes Kenya providers. Data from these interviews will be analyzed along with MSK service statistics.
- Participant follow-up at 6 months and 12 months will be completed by May 2013, and all data analyzed.
- The enrollment and 6-month follow-up data will be summarized in a research brief and a journal article, both to be completed by Feb 2013. The journal article will either be submitted as is, or revised once 12-month follow-up data has been analyzed.
- A second journal article, on the Marie Stopes Kenya data, will also be drafted for submission by February 2013.

Findings and Outcomes:

- Preliminary results show that the methods chosen are as follows: LNG IUS (92), subdermal implant (204), DMPA (245), progestin-only pills (110), the copper IUD (15), and other (4).

Program Assessment of the Introduction of Multiload-375 into the Indian National Family Planning Program

Status: Complete *End Date: 3/31/2012*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892035	5/20/2011	2/29/2012	SBasu
892027	10/1/2010	10/31/2010	BGeorge
892009	11/10/2009	2/29/2012	SBasu
892007	9/28/2009	2/28/2012	SBasu
892002	9/11/2009	3/31/2012	SBasu

Objective(s): The goal of this subproject was to assess the feasibility of introducing the Multiload-375 IUD into India's National Family Planning Program. The assessment had the following objectives: 1) to identify operational issues associated with the introduction of the Multiload-375 in the Government Family Planning Program as an additional IUD option for women (as the CuT-380A IUD is already available); 2) to identify barriers to access, uptake and use of the Multiload-375 and suggest measures to ensure uptake; 3) to identify appropriate community- and facility-based services that will be required for the uptake of the Multiload-375; and 4) to understand service provider perspectives on following up with Multiload-375 users and management of side effects and complications.

Note: The last objective was added in September 2010, when additional Field Support funds were identified for the Phase II assessment.

Description: The Ministry of Health and Family Welfare (MOHFW) made a decision to revive and reposition the IUD in India, particularly in states with low contraceptive prevalence rates. With an aim to increase IUD use and to offer IUD choices to clients, the Government of India (GOI) has decided to include another type of IUD, the Multiload-375, in the National FP Program. The Multiload-375, an inexpensive and highly effective copper IUD, is already approved in India and popular among private providers. USAID identified FHI 360/India to evaluate the pilot introduction of the Multiload-375 in a few districts. The results of the assessment have been utilized by the GOI to facilitate the introduction of the Multiload-375 in the National FP Program.
The program assessment consisted of four steps: pre-intervention, intervention, and post-intervention and phase II assessment. The intervention lasted a period of five months. The pre-intervention assessment included a desk review, qualitative in-depth interviews with key informants, and health facility

assessments. The intervention included the following activities: training and developing inter-personal communication materials and job aids; developing a monitoring plan and data management systems; orientation and capacity building of providers; provision of FP counseling to women; demand generation; and anonymous data collation from client records. In the post-intervention phase, meetings with partners, key informant interviews, and health facility service statistics collation were completed. The phase II assessment, added in September 2010, consisted of an experience sharing meeting with the intervention agency, key informant interviews, and health facility service statistics collation.

Subgrantee(s): Hindustan Latex Family Planning Promotion Trust (HLFPPT); Sigma Research and Consulting Pvt. Ltd.; TNS Research India

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional details and events before June 2010.
- The concept paper and protocol were approved in Oct 2009.
- Adaptation, translation and printing of the communication materials and job aides were completed in June 2010.
- 2000 Multiload-375 IUDs were donated to HLFPPT by Hindustan Lifecare Limited in May 2010.
- In June, HLFPPT trained 134 providers and 42 counselors; intervention activities began.
- A pre-intervention report for Phase I was finalized in Sep 2010.
- It was decided in Sep 2010 to extend the intervention timeline, in a Phase II, through Feb 15, 2011.
- An amended protocol for Phase II received PHSC approval in Nov and local approvals in Dec 2010.
- Sigma was contracted in July 2010 to conduct post-assessment data collection.
- Post-intervention DCFs were developed, approved, and pilot tested.
- Across the 6 sites, 7 data collectors were trained, and data collection took place from Sep-Oct 2010. 66 service providers were interviewed.
- Data analysis was undertaken in Nov-Dec.
- Research findings from Phase I were presented in Dec 2010 and the MOHFW was very receptive to the findings and recommendations.
- The assessment report for Phase I was finalized and printed in June 2011 (M2011-09).
- Monitoring visits to observe intervention activities for Phase II were undertaken at 2 sites in early Feb 2011.
- All intervention activities were completed in Feb 2011 and Phase II service statistics were collected in Apr.
- A research agency for Phase II data collection (Sigma) was hired in June 2011.
- 2000 copies of an adapted IUCD card for the MOHFW were designed and printed in June 2011.
- The end-of-Phase II DCFs were pre-tested and finalized in Aug-Sep 2011.
- In Sep-Oct, 7 data collectors were trained, and key informants were interviewed across the six sites.
- Data entry and cleaning was completed in Nov 2011.
- Phase I results were presented at the 2011 International Conference on Family Planning, in Dakar, Senegal in Dec 2011.

Past Six Months:

- Data analysis for Phase II was completed in January 2012.
- A research brief was developed in February 2012.
- A research paper was submitted to Contraception in January 2012, but rejected. It may be reworked for resubmission to another journal under a different FCO.
- FHI 360 followed up with the MOHFW on technical assistance for Multiload-375 national rollout in January 2012 and MOHFW requested FHI 360 to print 200,000 copies of the IUCD card. The MOHFW plans to scale up use of the IUCD card nationwide. (The printing was charged under the FCO 892023.)
- The final FCO was closed in March 2012.

Findings and Outcomes:

- The results indicate that the Multiload-375 IUD can be introduced into the health system with minimal training. Drawbacks in the overall health system and pilot intervention, however, were identified and should be considered during planning for nationwide scale-up.
- Operational barriers were documented, including myths and misconceptions among both clients and providers and the need to strengthen the existing counseling and follow-up of IUD clients.
- Infrastructure needs within the public sector facilities, such as the lack of separate space for insertions and supply chain issues, are potential problems for a successful scale-up.
- The Multiload-375 IUD would benefit from a structured mass media campaign to promote demand.
- FHI 360 printed and circulated 200,000 copies of the IUCD card as requested by the MOHFW.
- The MOHFW began introducing the Multiload-375 IUCD into the National Family Planning program beginning in December 2011, utilizing the recommendations from this assessment.

Situation Analysis of Family Planning Service Provision

Status: Complete *End Date: 3/31/2012*

Country(s): Ethiopia

FCO	Approved	C&G Closure	Tech Monitor
890066	11/19/2009	3/31/2012	ELebetkin
892010	11/19/2009	3/31/2012	FOkello

Objective(s): 1) To describe the constellation of FP services that are available from the hospital to the community level including the health system structure and other important factors; 2) To describe the human resources available for service provision including numbers of trained staff, trainings and skills, workload, record keeping, provider perspective, supervision, and knowledge, attitudes, and practices (KAP); 3) To describe the supplies and commodities available at service delivery points including the logistics system and transportation service; 4) To describe the physical infrastructure available to deliver services including the physical structures, electrical and water availability, and other important factors; and 5) To describe client perspectives of services including knowledge, attitudes, and practices (KAP), information, education, and communication (IEC), and description of services.

Note: The Ethiopian Federal Ministry of Health recommended changing the study objectives to better meet local needs. A new study protocol with new objectives was approved by the FMOH in April 2011.

Description: In response to the low utilization of preventative health services in Ethiopia, the Federal Ministry of Health (FMOH) launched the Health Extension Program (HEP) in 2003. The HEP places a strong emphasis on rural health care services. The new program included the development of the rural health extension worker (HEW) as a new cadre of health worker. In 2009, implementing partners began training HEWs to insert Implanon at Health Posts (HP) which expanded the FP options available at the Kebele-level to include Implanon, condoms, pills, and injectables. Beginning in 2010, the FMOH began planning a further expansion of the HEP through a revitalization of the intra-uterine contraceptive device (IUCD). Trainings and expansion of IUCD services is currently underway in 94 selected woredas. A key strategy the Government of Ethiopia is using to meet the Millennium Development Goals is through the HEP, specifically, the provision of a full range of FP methods by HEWs at the health post level and the revitalization of the IUCD provision by clinical providers at health centers and hospitals. The FMOH also aims to train HEWs to mobilize the communities and to remove IUCD.
The purpose of this study was to respond to the needs of the FMOH to provide information on the readiness of the system to expand FP service delivery, particularly long acting and permanent methods (LAPMs), through the HEP.

Collaborating Agency(s): Ministry of Health, Ethiopia

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An initial protocol was finalized and approved by PHSC in February 2010; however, the FMOH did not approve this protocol.
- At the FMOH request, a new protocol was drafted. The protocol was approved by PHSC in March 2011 and by the Ethiopian Public Health Association (EPHA) in April 2011. The title, objectives, and description of this activity were updated to reflect the new protocol.
- The TM, E. Lebetkin, traveled to Ethiopia in March 2011 (co-funded with FCO 892001) to hire a study coordinator and work with the study team and FMOH on finalizing the protocol and data collection tools.
- B. Boyer traveled to Ethiopia in May to train the data collectors. They were sent to the field in late May and data collection was completed in June 2011.
- Data entry was conducted at the FMOH in July and August 2011.
- Preliminary data analysis was conducted with the FMOH in September and October 2011.
- Lebetkin and G. Vance traveled to Ethiopia (co-funded with FCO 892001) in Nov. 2011 to finalize data analysis and prepare a draft report.
- Review meetings of the findings were conducted with the Policy and Planning Directorate (in November 2011) and the FP TWG and the Urban Health and Disease Prevention Directorate (in December) and their feedback was incorporated into the report. It was decided that the Family Planning Technical Working Group will decide how to use the findings to best enhance FP service delivery in Ethiopia.

Past Six Months:

- Numerous meetings were held with the FMOH and stakeholders to further discuss the study results; updated analyses were suggested. FHI 360 made all revisions requested by the FMOH and worked with the FMOH to finalize the report.
- The FCO was closed in March 2012.
- The results will be disseminated at the National FP Symposium to be held in November 2012.

Findings and Outcomes:

- Findings from the situation analysis of FP service provision in Ethiopia include the following: Most of the health facilities surveyed have the capacity for provision of short-acting methods, and while the basic infrastructure for IUCD and implant insertion exists, training both existing and new providers is necessary to expand coverage. The findings also show that the government strategies to improve access to FP services have been successful. The conclusions included the barriers to LAPMs uptake (i.e. low awareness of IUCDs, provider perceptions of restrictions related to clients). In addition, HEWs report heavy workload; thus balancing their workload or adding more HEWs should be considered.

Midterm Evaluation of the IUCD Revitalization Initiative

Status: Ongoing *Projected End Date: 4/30/2013*

Country(s): Ethiopia

FCO	Approved	C&G Closure	Tech Monitor
892068	8/01/2012		DChin-Quee

Objective(s): 1) To determine the availability (number) of providers trained on IUCD service provision in selected facilities; 2) To identify provider's knowledge and attitudes towards the IUCD; 3) To determine the availability of supplies, commodities and equipment for IUCD service provision at service delivery

points; 4) To determine uptake of IUCD service at facility level and access to IUCD removals; 5) To describe women's knowledge of, attitudes towards, and practice with the IUCD; 6) To document/describe the support and commitments that the Regional Health Bureaus (RHBs) have made towards IUCD revitalization; 7) To determine what demand creation activities have been implemented thus far; and 8) To identify successes and challenges in IUCD service expansion.

Description: As part of the strategy to increase access to family planning, FHI 360 was asked to provide technical and financial support to the Federal Ministry of Health (FMOH) in Ethiopia to conduct a process evaluation of the government's IUCD revitalization initiative. The evaluation will be done in 29 of the 116 woredas (districts) involved in the initiative. FMOH and FHI 360 staff will jointly conduct provider, client, and key informant interviews, carry out facility inventories and collect family planning service statistics in all (typically 4) health facilities in the 29 woredas. This information will be used to improve family planning services in general and to inform scale-up of the IUCD initiative in particular.

Collaborating Agency(s): Federal Ministry of Health, Ethiopia

Year 5 Workplan:
- An implementation plan will be finalized and submitted for review in August 2012.
- After receiving in-house and local approval of the implementation plan, training of data collectors will begin in September.
- Fieldwork will begin after training and pilot testing of instruments, and will continue to the end of October 2012.
- Data entry, cleaning and analysis are planned for November.
- Presentation to the FMOH is scheduled for December 2012.
- Preparation of the final report and dissemination will take place between January and March 2013.

Pretesting IUCD Communication Materials from Ethiopia

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): Ethiopia

FCO	Approved	C&G Closure	Tech Monitor
892067	8/01/2012		LHarber

Objective(s): To test draft IUCD communication materials and products with target audience members and stakeholders to gather information that will inform revisions to the materials to improve their effectiveness for promoting IUCD use.

Description: The Ethiopia Federal Ministry of Health (FMOH) has commissioned an ad agency to develop several IUCD communication products intended to increase awareness of IUCDs and promote their use. The products include a poster, a brochure, a billboard, a radio spot and a television spot. The FMOH requested three draft variations of each product. FHI 360 staff will design a pretesting plan for testing these products, develop pretesting instruments, recruit data collectors and train them in the use of the pretest instruments. Materials will be pretested in nine selected Woredas in the four main regions of Ethiopia where the IUCD revitalization activity is being carried out. Pretesting will be conducted via focus groups and in-depth interviews over a two-week period. Approximately 45 in-depth interviews (IDIs) will be conducted with health providers, health extension workers and with community mobilizers (influential women in the community). Approximately 27 focus group discussions (FGDs) will be conducted in rural and urban areas with women of reproductive age and married men. Interviews will be recorded, transcribed and analyzed. Recommendations about revisions to improve the materials and products will be provided to the FMOH.

This activity is important for two reasons: 1) The FMOH did not pretest an earlier IUCD television spot, which had unintended negative effects. Before a national communication campaign is rolled out, it is important to ensure that the materials will avoid such negative unintended consequences, communicate effectively, and complement the increased availability of IUCD service delivery. 2) An effective pretest will strengthen FHI 360's relationship with the FMOH and serve as a foundation for technical assistance on more comprehensive planning in future FMOH communication efforts.

Year 5 Workplan:

- In August and September 2012, staff will begin developing the pretest plan and pretest tools and instruments, to the extent possible before the communication materials and products are available.
- Pretest plans and instruments will undergo PROGRESS internal review and approval at the end of August 2012, and will also be submitted to PHSC and USAID.
- Pretest plans and instruments will be shared with the Ethiopia MOH for approval in September 2012.
- Data collectors will be recruited and hired.
- The team will finalize the pretest plan and instruments when they have the communication products in hand, which is expected to be mid-September 2012.
- The team will plan and conduct training of data collectors, including pretesting the data collection instruments and revising them as needed.
- As needed, communication products and materials will be translated from Amharic into the three additional languages used in the pretest and made available for the relevant data collection teams.
- Data collectors will conduct field work in the four main regions of Ethiopia in October 2012.
- FGDs and IDIs will be transcribed and translated into English in November 2012.
- The team will analyze FGD and interview data, summarize findings, and submit them to the FMOH in December 2012.
- The team will produce a final pretest report and submit it to the FMOH in January 2013.

Monitoring the Scale Up of Vasectomy in Rwanda

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890033	6/11/2009		DShattuck

Objective(s): 1) To expand Rwanda's FP method mix; 2) to increase Rwanda's access to quality vasectomy services by supporting the training of a cadre of physicians in no-scalpel vasectomy (NSV) with cautery and fascial interposition; and 3) to build local capacity in monitoring and evaluation (M&E) of the scale-up initiative to provide quality improvement.

Note: The title and objectives were changed in July 2010 to match the approved concept.

Description: The Rwandan Ministry of Health (MOH) has requested technical assistance from FHI 360 as it scales up the availability of vasectomy services across the country. One area in which they would like assistance is training physicians in NSV with cautery. A training held in Feb 2010, with FHI 360 support, established a core group of physicians who, with additional support, could implement subsequent provider trainings. FHI 360 will work with the MOH to develop and implement a quality assurance plan, which will ensure that Rwandan clients receive the highest quality of care. FHI 360 and MOH will work collaboratively to identify feasible indicators to measure quality of care in patient counseling, informed consent, surgical and infection prevention procedures.
This activity will help prepare or adapt guidelines and/or job aids to help supervisors monitor adherence to recommended practices with respect to counseling, surgical skills, management of facilities, supplies,

inventory systems, and infection control procedures. Emphasis will be placed on utilizing and supporting the current supervision structure. In addition, FHI 360 will work with the MOH to seek opportunities for supervisors to share feedback from the supervisory visits with the providers who were being supervised as well as with facility heads and local health officials to encourage collective efforts toward quality improvement. FHI 360 and the MOH are working together to develop and implement a rigorous monitoring plan that will provide important information about both the implementation process as well as project outcomes.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- See previous annual reports for additional details.
- In Feb 2010, D. Shattuck participated in master training (FCO 113109) of 3 Rwandan physicians in thermal cautery vasectomy technique.
- FHI 360 worked with MOH and Rwandan National Family Planning Technical Working Group (FP TWG) on a stepwise approach to scaling up vasectomy via a workshop approved in Oct 2010.
- The MOH began roll-out of provider training in NSV with thermal cautery and fascial interposition in the Northern Province. In Nov 2010, 12 doctors and 18 nurses were trained with support from WHO. Of these, 4 doctors and nurses were interviewed on the post-training evaluation guide.
- PROGRESS helped fund a presentation by Dr. Kagabo at the International Conference on NSV in Jan 2011.
- In Mar 2011, FHI 360 supported development of a monitoring plan, approved by the FPTWG in April 2011.
- Staff participated in a community sensitization meeting and a laboratory technician training for spermogram (funded by IntraHealth).
- PROGRESS continued assisting the MOH with scale up, which included a follow-up TOT for 5 doctors and 6 nurses in Feb 2011. Provider training for 16 doctors and 24 nurse counselors in 5 Western Province districts was held in Mar-April 2011. FHI 360 funded a follow-up practicum in June 2011 for 4 providers.
- The manuscript, “Strengthening Vasectomy Services in Rwanda” describing the initial TOT was accepted by Contraception in Feb 2011 for publication in April 2013. (PP2011/015)
- Dr. Kagabo presented and staff conducted a round table discussion on vasectomy at the 2011 International Conference on Family Planning (ICFP) in Dakar, Senegal.
- The Rwandan National Ethics Committee’s IRB approved the evaluation plan.
- PHSC and the NEC in Kigali approved the vasectomy protocol and updates, including clarification on direct observation activities.
- Data collection tools were developed and translated. Database development was initiated and contacts were made at each of the randomly selected hospitals.
- The team made logistic preparations for initial data collection activities with physicians, nurses and directors.

Past Six Months:

- The field movement plan for phase 1 data collection was finalized.
- Phase 1 data collection activities were initiated in May 2012. As of June 2012, 42 physicians, 59 nurses and 22 hospital directors had been recruited and interviewed.
- Pre-testing of the phase 2 (client, wives and CHWs) questionnaires occurred. Databases and electronic data collection processes were finalized.
- Training for phase 2data collection was completed in June 2012.

Year 5 Workplan:

- Phase 2 data collection activities will be completed in August. Phase 3 data collection will take place in October 2012. Data will be cleaned and analyzed.
- Summary reports on the data collected will be created and shared with Dr. Kagabo and the FPTWG, and disseminated to hospitals with trained physicians.

- A final report or journal article will be initiated and discussed with Rwandan MOH for feedback and to generate programmatic recommendations. One or more briefs may also be developed to share the experience and results.
- PROGRESS will provide recommendations regarding key IEC/BCC messages based on results obtained from data collection.

Non-Invasive Approaches to Male Sterilization

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): USA

FCO	Approved	C&G Closure	Tech Monitor
890068	12/4/2009		DSokal
890070	12/3/2009		DSokal
172013	12/1/2008	3/30/2010	DSokal
172012	12/1/2008	4/28/2010	DSokal

Objective(s): To administer a grant to Professor Nate Fried at the University of North Carolina Charlotte (UNCC) to study non-invasive methods of male sterilization. The objectives are: 1) to show that the vas deferens can be thermally occluded safely and effectively in a canine model; 2) to confirm the mechanism of vas deferens occlusion; and 3) to conduct long-term azoospermia ejaculation studies in canines to determine whether or not there is permanent male sterilization without recanalization.

Description: The objective of this research is to study non-invasive methods for thermal occlusion of the vas deferens with the long-term goal of developing a completely non-invasive approach to male sterilization. In the absence of progress on the development of a male birth control pill, the next most effective method of male contraception is male sterilization. Male sterilization (vasectomy) has a higher success rate, lower complication rate, is less expensive, and is easier to perform than female sterilization (tubal ligation). Fear of complications related to vasectomy (e.g. incision, bleeding, and potential for infection) was most frequently cited as the primary reason for couples choosing tubal ligation over vasectomy. Since male sterilization is currently an elective procedure, any improvement in the method of the procedure which eliminates these male concerns has the potential to greatly increase the popularity of the procedure. A completely non-invasive method of male sterilization would eliminate incision, bleeding, and potential infection associated with conventional vasectomy. Experiments in the laboratory have demonstrated that it is possible to use therapeutic focused ultrasound or an infrared laser to non-invasively target the vas deferens for thermal coagulation, scarring, and occlusion. This method has the potential to be developed into a completely non-invasive method of male sterilization.
This subproject will conduct fundamental studies in dogs that should significantly advance our understanding of the mechanism by which thermal energy occludes the vas deferens, and should lead to the optimization of the treatment parameters for successful vas occlusion, and provide long-term pre-clinical results demonstrating safety and efficacy of this method of male sterilization.
Funding is provided by an NIH IAA, under the CRTU (2008-09) and PROGRESS (2010-12), for FHI 360 to administer a grant for Prof. Fried, and for David Sokal to monitor the research progress.

Subgrantee(s): UNC Charlotte

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- See previous annual reports for additional details.
- Administrative arrangements were finalized; a subcontract was signed in Mar. 2009.
- Dr. Fried began implementing project activities, including a trip to the Hopkins labs in June 2009 to coordinate work there.

- Based on inconsistent results with ultrasound, Dr. Fried has been experimenting with the use of an infrared laser, and has been getting more consistent and promising results.
- D. Sokal visited Dr. Fried's lab in Charlotte, Feb. 2010.
- Funding was transitioned from CRTU to PROGRESS in Apr. 2010.
- Computer simulation studies of heat transfer and tissue effects were finished in Oct. 2010.
- A 4-week animal study was conducted at the Johns Hopkins University. In Mar. 2011, Sokal observed study procedures. The study was completed in Apr. and a manuscript was submitted for publication.
- Findings of computer simulations were presented at the Engineering in Urology Society 2011 Annual Meeting. The authors received an "Outstanding Paper" Award.
- The activity produced a manuscript "Noninvasive coagulation of the human vas deferens: optical and thermal simulations" (Lasers in Surgery and Medicine 2011 Jul;43(5):443-9); and two other publications (conference proceedings) "Comparison of 808, 980, and 1075 nm lasers for noninvasive thermal coagulation of the canine vas deferens, ex vivo," and "Optical and thermal simulations of noninvasive laser coagulation of the human vas deferens."
- A poster was presented at the Future of Contraception Initiative meeting in Oct. 2011.
- In Sep. 2011, a second generation, handheld, prototype vasectomy clamp that attaches directly to a standard vasectomy ring clamp, aligning laser beam and cryogen spray spot with the vas, was completed.
- In Oct. 2011, an improved ultrasound system was compared with optical coherence tomography for imaging the vas. A manuscript was submitted.
- In Nov./Dec. 2011, a study of laser coagulation of the vas in 6 dogs was completed, with sampling and analysis of sperm counts and motility over a 28 day period. Early failure / recanalization appeared in all of the dogs 4 to 5 days after laser treatment.

Past Six Months:

- In January 2012, results were presented on optical and ultrasound imaging of the vas during noninvasive laser vasectomy in the Lasers in Urology session at the International Symposium for Biomedical Optics (San Francisco, CA). This work was then published as a conference proceedings paper (see below).
- A manuscript comparing optical and ultrasound imaging of the vas during noninvasive laser vasectomy was revised and re-submitted to the Journal of Biomedical Optics. It was then accepted and published (see below).
- In March 2012, a new animal protocol ("Azoospermia and recanalization studies after noninvasive laser vasectomy") was submitted to the animal use review committee at Johns Hopkins Hospital. This protocol required minor revisions which were addressed in April 2012, and final approval was received in May 2012. Planning began in June 2012.
- In May 2012, a poster describing the novel vasectomy clamp design was presented to the Engineering and Urology Society meeting in Atlanta, GA, which is in press in the Journal of Endourology (see below).
- Sokal is currently recruiting a new graduate student to contribute to the research.
- A no-cost extension to our grant was approved with a new end date of March 31, 2013.

Year 5 Workplan:

- From Jul.-Sep. 2012, laser thermal coagulation of a longer, ~1-cm-long segment of the vas will be performed in a total of 6 dogs. The dogs will be followed out to 28 days, and semen collection will be performed periodically (Day 1, 2, 4, 7, 14, 21 and 28) to measure sperm counts and viability.
- From Oct.-Dec. 2012, due to limited animal housing, a control arm, also consisting of 6 dogs, will be performed separately, in which an ~ 1-cm-long segment of the vas will be removed, for comparison with the laser arm. The dogs will also be followed out to 28 days, and semen collection will be performed periodically (Day 1, 2, 4, 7, 14, 21 and 28) to measure sperm counts and viability.
- In Jan. 2013, if the azoospermia/recanalization studies are successful, plans will be made for initial clinical studies of noninvasive laser vasectomy in humans.
- In Feb.-Mar. 2013, a final report will be prepared for submission to USAID, NIH, and FHI 360.
- D. Sokal will conduct another site visit.

Findings and Outcomes:

- Research conducted during the first two years of work has resulted in significant progress in the study of the potential feasibility of the use of infrared laser energy for vasectomy, and several presentations and publications. However, the latest study found a high rate of recanalization, i.e. failure of vas occlusion, in six of six dogs. Additional research is planned using a modified method to improve vas occlusion.
- Journal Publications:
- Cilip CM, Jarow JP, Fried NM. Noninvasive laser vasectomy: preliminary ex vivo tissue studies. Lasers Surg Med. 2009 Mar;41(3):203-7.
- Cilip CM, Ross AE, Jarow JP, Fried NM. Application of an optical clearing agent during noninvasive laser coagulation of the canine vas deferens. J Biomed Opt. 2010 Jul-Aug;15(4):048001.
- Schweinsberger GR, Cilip CM, Trammell SR, Cherukuri H, Fried NM. Noninvasive laser coagulation of the human vas deferens: optical and thermal simulations. Lasers in surgery and medicine. 2011 Jul.43(5):443-9.
- Cilip CM, Pierorazio PM, Ross AE, Allaf ME, Fried NM. High-frequency ultrasound imaging of noninvasive laser coagulation of the canine vas deferens. Lasers Surg Med. 2011 Sep;43(8):838-42. doi: 10.1002/lsm.21098.
- Cilip CM, Allaf ME, Fried NM. Application of optical coherence tomography and high-frequency ultrasound imaging during noninvasive laser vasectomy. J Biomed Opt. 2012 Apr;17(4):046006.
- Conference Proceedings:
- Cilip CM, Allaf ME, Fried NM. Optical coherence tomography vs. high-frequency ultrasound during noninvasive laser coagulation of the canine vas deferens. Proc. SPIE 82640X:1-8, 2012.

Strengthening Provision of LAPMs in Kenya

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892020	8/18/2010		JAbisi

Objective(s): This subproject will provide technical support to the Kenya Ministry of Health, Division of Reproductive Health (DRH) to 1) develop work plans for LAPM roll-out trainings at provincial and district levels; 2) support implementation of provider trainings and follow on supportive supervision in selected provinces; 3) develop a monitoring and evaluation (M&E) plan for DRH to track performance of its LAPM initiative; and 4) advance innovative strategies to increase access to long acting and reversible methods, such as implants and IUDs.

Note: The fourth objective was added and the subproject title was changed in September 2011 to reflect additional activities to be undertaken with anticipated FY 2012 field support funds. The objectives were revised again to reflect new changes as of June 2012.

Description: Revitalizing long-acting and permanent methods (LAPMs) remains a priority for the Kenya Division of Reproductive Health in order to foster a more sustainable method mix and ensure women and couples have access to the contraceptive method of their choice. To this end, FHI 360, through the PROGRESS project, will continue to build on investments made through the CRTU project to provide technical support to DRH to operationalize its National LAPM Strategy. With support through the RESPOND project, DRH updated national LAPM training materials in 2010. Following on the RESPOND-supported activities, PROGRESS will provide technical assistance to the DRH in rolling out trainings on LAPMs in selected provinces. PROGRESS will also support DRH and its partners through the Family Planning Technical Working Group (FPTWG) to develop work plans to guide LAPM trainings countrywide,

including provincial and district levels. Through this collaborative work planning process, opportunities to leverage resources and coordinate LAPM trainings with APHIA Plus and other DRH partners will be fostered and pursued.
With field support funds, FHI 360 will build on training activities and continue to provide technical support to DRH to operationalize its National LAPM Strategy and advance evidence-based, innovative strategies to enhance provision of long-acting and reversible contraceptive methods (LARCs), such as implants and IUDs.
In the selected provinces to be included in this current phase of PROGRESS support, FHI 360 will also provide TA to the DRH to develop and implement a monitoring and evaluation (M&E) plan, including supportive supervision to follow-on provider trainings. Priority provinces will be identified in close collaboration with the DRH and activities will be coordinated with APHIA Plus in the selected regions. Additional provinces may be added depending on funding availability.

Collaborating Agency(s): Division of Reproductive Health

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- A stakeholder meeting was held in October 2010 and a sub-committee was identified to spearhead the development of the LAPM training plan.
- During October, the sub-committee developed the terms of reference for engaging a consultant (funded by PROGRESS).
- A consultant was collaboratively identified and contracted in November 2010.
- With guidance from FHI 360 and the DRH, the consultant conducted in-depth interviews with stakeholders during February and March 2011.
- A summary of the in-depth interviews and first draft of the training plan were presented to the subcommittee in March 2011.
- Subcommittee feedback on the plan was gathered and incorporated during April and a revised draft training plan was shared in May 2011.
- During late May and June, the draft training plan was reviewed and feedback incorporated from additional key stakeholders.
- FHI 360 also worked with the consultant and DRH to incorporate a framework for monitoring and evaluation (M&E) of trainings within the plan.
- The LAPM training plan was finalized based on feedback from the stakeholders in August 2011.
- The final copy of the LAPM training plan was signed by the head of DRH in November 2011. 50 copies of the training plan were printed and sent to DRH for distribution to stakeholders (m2011-62).
- Between October and December 2011, FHI 360 supported DRH to train 75 providers from 3 regions on long acting and reversible methods of family planning.

Past Six Months:
- Dissemination of the LAPM training plan by the DRH was supported.
- FHI 360 and DRH trained an additional 25 providers on LARC in February 2012.
- FHI 360 supported DRH to conduct facilitative supervision training for 18 District RH Coordinators from 3 provinces (Central, Eastern & Western).
- Staff worked with DRH to review a support supervision tool and develop a checklist for supervision of RH services including In June 2012, follow-on support supervision for 21 health providers trained on LAPMs in Central province was conducted by FHI 360 and DRH staff.
- FHI 360 supported 2 consultative meetings with DRH to plan for a rapid assessment of the provision by clinical officers of long-acting and permanent methods of family planning, specifically bilateral tubal ligation (BTL). DRH assigned a contact person to coordinate planning meetings.
- FHI 360 conducted scoping visit to key stakeholders to help plan for the rapid assessment on BTL provision by clinical officers (COs). Taskforce meetings to develop terms of reference for the assessment were held.

Year 5 Workplan:
- FHI 360 will support DRH to train 15 RH coordinators in Coast province by September 2012.

- FHI 360 will support DRH to conduct follow-on support supervision on LAPMs in Western, Eastern & Coast in the next three months (July to September 2012).
- The BTL assessment plan & tools will be developed by August 2012; data collection for the assessment will take place by September 2012. A final assessment report on RH COs providing LAPMs, specifically BTL, will be prepared.
- FHI 360 will support DRH to continue monitoring adherence to the LAPM training plan.

Findings and Outcomes:
- The training of RH Coordinators will help strengthen support supervision skills for District RH managers and enable them to monitor provision of LAPM services.
- The rapid assessment for RH COs providing LAPMs specifically BTL will help generate a report to what extent RH COs are performing BTL and to develop recommendations for continuing and future provision of BTL by RH COs.

Continuous vs. Cyclic Use of COC Pills

Status: Complete *End Date: 6/30/2012*

Country(s): Dominican Republic

FCO	Approved	C&G Closure	Tech Monitor
890077	12/28/2009	2/28/2011	KNanda
890046	7/15/2009	6/30/2012	KNanda
112118	9/6/2005	2/28/2010	KNanda

Objective(s): To evaluate continuation rates, adherence, and acceptability of combined oral contraceptives (COCs) used by the 21/7 cyclic regimen compared with continuous use.

Description: More than 1 million unintended pregnancies annually are related to OC use, misuse or discontinuation. COC discontinuation rates are very high in developing countries, ranging from 16% in Zimbabwe to 52% and 73% in the Dominican Republic and Turkmenistan, respectively. The monthly regimen of 21 active pills followed by 7 inactive pills was created to mimic spontaneous menstrual cycles. However, the 7-day hormone-free interval is associated with withdrawal symptoms including bleeding, pain, breast tenderness, bloating/swelling and headaches. Alternate regimens of oral contraceptive pills, in which the duration of the active pill phase is longer than 21 days and/or the placebo phase is shorter than 7 days, may provide advantages over currently available standard regimens by reducing symptoms associated with the hormone-free interval, decreasing bleeding (and potentially anemia), enhancing acceptability, and thus improving continuation rates. There are no published data on the use or acceptability of extended use COC regimens in women in developing countries.

This prospective, randomized, controlled clinical trial was conducted in a family planning clinic in the Dominican Republic. Three hundred and sixty-three healthy 16-30-year-old, non-pregnant, and non-lactating women with regular menstrual cycles were randomized to monophasic COCs (ethinyl estradiol 30 mcg and levonorgestrel 150 mcg) using the conventional 21/7 regimen or continuous use. Participants in the continuous COC group used active pills without interruption unless bleeding or prolonged spotting signals need for a hormone-free interval. The study evaluated pill continuation through 12 months, assessed adherence, acceptability (both quantitatively and qualitatively), bleeding, and side effects. Additional outcomes were pill instruction comprehension, 12-month pregnancy probabilities, and hemoglobin levels.

Subgrantee(s): PROFAMILIA;

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FHI 360 obtained preliminary approval to work on this study in the 2006 Workplan.
- Please refer to Annual Report (2007-2008) for accomplishments that took place prior to Jan. 2008.
- FHI 360 staff conducted a site evaluation visit at PROFAMILIA in the Dominican Republic in Mar. 2008.
- PHSC approved the revised study protocol and consent forms on May 9, 2008. The Spanish versions of the protocol and informed consents were approved by the IRB of PROFAMILIA in the DR in May 2008.
- FHI 360 staff conducted a site evaluation visit to PROFAMILIA in Nicaragua in May 2008 and in June they conducted study initiation training at PROFAMILIA in the DR.
- A site initiation visit took place at the Nicaragua site in Sep. 2008.
- The PROFAMILIA, DR site began screening/enrolling participants on Oct. 23, 2008.
- The subagreement was drafted and the budget was finalized for the PROFAMILIA, Nicaragua site. Study initiation was delayed because the pills had not been released from customs as of Dec. 2008.
- The first periodic site monitoring visit took place at the DR site in Jan. 2009.
- Due to ongoing administrative/logistical issues at the Nicaragua site, we decided to cease study preparations at the site and to withdraw Nicaragua as a site. Unresolved issues include: failed attempts by the site staff to obtain necessary approvals from the MOH; inadequate communication with FHI 360; inadequate ability to provide regulatory documents; and failure to pass the FHI 360 financial audit. FCO 112144 was closed in Mar. 2009.
- An interim monitoring visit was conducted in Apr. 2010.
- Follow-up was completed and the final participant visit occurred in Sep. 2010.
- The DR site agreed to enroll all study participants. A total of 363 women were enrolled through Oct. 2010 reaching the enrollment target.
- A closeout monitoring visit was conducted in Oct. 2010.
- Data were cleaned. Table shells were drafted. Data analysis began.
- A final study progress report was submitted to PHSC.
- The final data analysis was conducted.

Past Six Months:

- An abstract on the study results was submitted and accepted as a poster presentation for the 2012 North American Forum on Family Planning.
- The main study manuscript and an acceptability manuscript were drafted in June 2012.
- The FCO was closed and subproject ended in June 2012.
- Further work on the manuscripts and poster presentation will be conducted under another FCO.

Findings and Outcomes:

- Under the CRTU, this study protocol was developed, study sites identified and the final site, PROFAMILIA in the Dominican Republic, completed enrollment of 363 participants.
- Analyses show no difference in continuation or pregnancy rates between groups.
- Few factors are associated with either COC discontinuation or pregnancy.
- Qualitative data analysis is ongoing to explore issues regarding continuation and adherence.

Meeting on Steroids and Endometrial Bleeding

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): USA

FCO	Approved	C&G Closure	Tech Monitor
890148	11/16/2011		LDorflinger

Objective(s): To support the National Institutes of Health (NIH) to plan a meeting on steroids and endometrial bleeding.

Description: NICHD has expressed interest in sponsoring a meeting on steroids and endometrial bleeding and has asked for FHI 360's assistance. Funds were provided to FHI 360 under the PROGRESS award via an interagency agreement. Between 1988 and 1999, a series of five international meetings were held to discuss mechanisms of endometrial bleeding, particularly as related to steroid contraception and options for reducing irregular bleeding that leads to high discontinuation of progestin-only approaches. Interest has been expressed among experts in the field to hold a follow-on meeting to discuss the rich volume of research conducted over the last decade, define research gaps, and prioritize a research agenda.

Collaborating Agency(s): NICHD

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Preliminary discussions were held with NICHD.

Past Six Months:

- At NICHD's request, this FCO was used to support the travel of four people to participate in the WHO and Partners Stakeholders' Meeting on Hormonal Contraception and HIV held in Geneva, Switzerland on January 31-February 2, 2012.
- A one-day planning meeting was held on April 18, 2012 in New York. FHI 360 supported the travel of Dr. Hilary Critchley from Edinburgh and the attendance of Dr. Laneta Dorflinger from FHI 360. Several other key individuals including Dr. Trent MacKay from NICHD, Dr. Ian Fraser from Sydney, who has been tapped to co-lead the planning with Dr. Critchley, Dr. Mario Festin from WHO, Dr. Regine Sitruk-Ware from the Population Council, and Dr. Jeffrey Jensen from Oregon Health Sciences University, were in New York for another meeting the following day. The goal was to discuss plans and funding options for a two-day meeting on steroids and endometrial bleeding sometime in 2013/2014. It was decided that the focus of this future meeting will be to identify research gaps and develop a research agenda. Output will be a special issue in a journal such as Contraception or Human Reproduction. It may also be possible for NICHD to issue an RFA for grants related to the recommendations from this meeting.

Year 5 Workplan:

- FHI 360 will continue to support the NICHD to develop a plan for a meeting on steroids and endometrial bleeding, to be held in 2013 or 2014.

Legacy Area 4

Increasing In-Country Capacity for Research and Research Utilization

Legacy Area 4 includes PROGRESS's capacity building and cross-cutting research utilization activities. The activity descriptions below start with capacity building for research, moving from global to country-specific activities. The Tanzania and Kenya National Family Planning Costed Implementation Plans are also included as capacity building activities. The research utilization section starts with a number of global activities, both core and NIH-funded, and then moves on to the regional activities, including two with ECSA. There are five ongoing country-specific research utilization subprojects that have core support. The final section includes other field support-funded research utilization subprojects.

Build Quality and Sustainable Research Institutions

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Rwanda, Tanzania, Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890004	6/18/2008		RHoman

Objective(s): 1) To implement a long-term program in PROGRESS countries to increase the range and depth of capabilities among program researchers to meet milestones along a development continuum; 2) to use a "learn-by-doing" strategy to build sustainable capacity through mentors and the application of training to real-world problems; and 3) to "segment the market" for capacity building by tailoring the content of training to meet the specific needs of target groups.

Description: PROGRESS will identify local research institutions in countries where PROGRESS works that will be the target for on-going capacity building to support the implementation of programmatic research both under PROGRESS and in response to local needs. By building upon existing resources, and focusing on institutions rather than individuals, the longer-term sustainability of the research capacity should be maintained. Until local research institutions can take on the design, implementation, and dissemination of programmatic research activities independently, the countries will be dependent upon external technical assistance to undertake programmatic research.
In addition to building the capacity of the local research organizations, PROGRESS will also work within the existing stakeholder structures to promote understanding of the value of evidence-based practices and create a norm of data-driven decision making. This activity is designed to sow the seeds to create an expectation for using programmatic research to inform policy decisions and changes in programs. This local support is believed to be critical to sustain investment in programmatic research. The goal is to strengthen resources and capacity already present in the country rather than build anew.
This subproject will support initial development of capacity building activities within countries until a separate FCO is opened for capacity building work in the countries. It will also provide ongoing headquarters (NC) support to the capacity building activities in countries with their own FCO/activity. Since 2011, the two main capacity building partners for research have been the National Institute for Medical Research Muhimbili Medical Research Centre (NIMR-MMRC) in Tanzania and the National University of Rwanda School of Public Health (NURSPH) in Kigali, Rwanda.

Collaborating Agency(s): National Institute of Medical Research (NIMR-Tanzania); National University of Rwanda School of Public Health, Kigali (NURSPH)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual report for activities prior to Jan 2010.
- A local consultant was hired in India to identify promising potential local research partners.
- FCOs were set up for in-country capacity building activities for India (FCO 890064) and for Tanzania (FCO 890073).
- Homan traveled to India in Feb. 2010 to commence development of a scope of work. During that visit, it was decided to not pursue a research capacity building partner in India. FCO 890064 was closed in June 2010.
- NIMR-Muhimbili Medical Research Centre was selected as the appropriate entity to work with on capacity development activities in Tanzania. NIMR-MMRC completed a SWOT analysis. Otterness conducted a data management and analysis plan workshop for NIMR-MMRC in Sept. 2011.
- A review of all capacity building efforts under PROGRESS was conducted with USAID/W in April 2011 to reach consensus on plans going forward. A brief, informal strategy paper was developed for USAID. Homan worked with Maggwa and L. Wilson to document capacity building efforts and develop new monitoring indicators and targets for capacity building.

- K. Aradhya and S. Fischer led scientific writing workshops for local research partners in Rwanda and Tanzania in June.
- Since mid-2011, this FCO has been used to support the development of the Invest-FP calculator. Invest-FP is designed to assist countries to explore the resource requirements associated with alternative service delivery approaches to reach a CPR goal by 2015. Currently Invest-FP versions exist for Kenya, Nigeria, and Zambia. See also FCO 890080.
- Invest-FP was featured in a session on decision-analytic tools at the International Conference on Family Planning in Dakar, Senegal in November 2011.
- PROGRESS/Tanzania convened a workplanning meeting on December 21, 2011 with NIMR-MMRC to prioritize capacity building activities for 2012.

Past Six Months:
- NIMR-MMRC submitted a proposal in March 2012 to undertake a baseline household survey of FP knowledge, attitudes, and behaviors in areas in which Marie Stopes/Tanzania is targeting interventions. PROGRESS staff assisted in the review of the proposal prior to submission.
- A data interpretation and presentation workshop was conducted in May 2012 with staff from the SPH in Rwanda and supported by FHI 360/Rwanda and FHI 360/NC staff.
- See FCOs 890026 for additional activities in Rwanda and FCO 890073 for additional activities in Tanzania.

Year 5 Workplan:
- A Data for Decision Making workshop will be hosted by NIMR-MMRC.
- A qualitative methods workshop will be hosted by SPH-Rwanda with support from PROGRESS-Rwanda.
- The capacity development workplans with the local research institutions will be implemented (under separate FCOs 890026 (Rwanda), and 890073 (Tanzania). This FCO will continue to provide support from FHI 360/NC as requested.
- A paper or report summarizing PROGRESS's capacity building efforts and lessons learned will be developed by March 2013.

Capacity Building for Operations Research in Tanzania

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890130	12/14/2010		CLasway
890073	12/10/2009		CLasway

Objective(s): To strengthen the capacity of the Tanzania National Institute for Medical Research (NIMR) to: 1) develop and implement programmatic research on national priority issues related to family planning; 2) translate and promote use of FP research results into evidence-based policy and practice; 3) secure financial resources to implement FP research; 4) provide technical assistance to the Reproductive and Child Health Section (RCHS) and partners on evidence-based information needs to improve planning, policy and practice; and 5) catalyze interest and generate a critical mass of researchers within the Muhimbili School of Public Health and Social Sciences (SPHSS) focusing on FP research and utilization.

Description: This subproject supports on-going capacity building to support the implementation of programmatic research both under PROGRESS and in response to local needs in Tanzania. By building upon existing resources, and focusing on institutions rather than individuals, the longer-term sustainability of the research capacity should be maintained. Until local research institutions can take on the design,

implementation, and dissemination of programmatic research activities independently, the countries will be dependent upon external technical assistance to undertake programmatic research.
PROGRESS has identified the National Institute for Medical Research – Muhimbili Medical Research Center (NIMR-MMRC) as the beneficiary of capacity building efforts in Tanzania. The selection of NIMR-MMRC has been based on the fact that it is the parastatal organization under the Ministry of Health and Social Welfare (MOHSW) mandated to carry out and promote medical research designed to alleviate disease/conditions among the people of Tanzania; relative to other NIMR centers, MMRC has a Maternal and Child Health unit with interest in conducting more FP research; and partnerships on other FP studies have demonstrated a positive and productive working relationship, as well as identified potential areas for capacity building.
This FCO and subproject will support capacity building activities implemented in Tanzania. It is closely linked with FCO 890004 Technical Leadership for Capacity Building, which funds headquarters support for capacity building activities in Tanzania and other countries.

Subgrantee(s): National Institute for Medical Research-Muhimbili Medical Research Center (NIMR-MMRC)
Collaborating Agency(s): Ministry of Health and Social Welfare

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional details and activities before June 2011.
- In September 2011, L. Dulli (FHI 360/Kenya), in collaboration with representatives from the NIMR Research Ethics department, conducted a three day Research Ethics workshop for 23 NIMR-MMRC staff. Ten participants passed the FHI 360 research ethics test and were certified. The remaining promised to retake the test in their own time.
- In October 2011, three junior researchers at NIMR-MMRC were enrolled as mentees as part of the mentorship program.
- In Nov. 2011, C. Mackenzie (FHI 360/Kenya) oriented five NIMR-MMRC staff as well as two FHI 360 Tanzania staff on the Data for Decision Making training curriculum.
- Dr. Godfather Kimaro of NIMR-MMRC was supported to attend the 2011 International Conference on Family Planning (ICFP) in Dakar.
- In Dec. 2011, technical guidance was given to the mentees in grant writing for the submission of a research proposal in response to a MEASURE Evaluation PRH Project call to support research in family planning and reproductive health. This successful proposal was approved for US $8,000 over a period of nine months.
- In Dec. 2011, NIMR-MMRC initiated the process for developing the National FP Research Agenda. A suggested process for developing the research agenda was sent to FHI 360 for input.

Past Six Months:

- In February 2012, L. Dulli (FHI 360/Kenya) hosted an operations research training for 20 NIMR-MMRC staff.
- FHI 360 provided technical support to NIMR-MMRC on the development of research related SOPs, including orienting five senior staff on the importance of SOPs for research. In Feb 2012, the NIMR-MMRC team prioritized two SOPs for initial development.
- NIMR-MMRC developed and submitted a proposal in response to the Marie Stopes call for population baseline survey proposals (unsuccessful).
- Workplans for the three mentees were developed; the mentees have started reporting to the FHI 360 offices weekly to learn more about FP research.
- In April 2012, PROGRESS enrolled NIMR-MMRC as co-investigators in the evaluation of the mobile job aid application (FCO 890072). This is another opportunity for practical application of knowledge and skills.
- In April 2012, PROGRESS received approval from MOHSW to proceed with the development of the RCHS Website. In May 2012, a vendor identified for developing the website was endorsed by the MOHSW IT department.

- PROGRESS provided the NIMR-MMRC mentees with technical assistance to develop a research protocol for the UNC MEASURE Evaluation project. In May 2012, the research protocol was submitted to the NIMR IRB for ethical clearance.
- In June 2012, FHI 360 received endorsement from the RCHS on the implementation plans for Data for Decision Making and the development of the National FP Research Agenda and Research Forum.

Year 5 Workplan:
- Additional continuing research education seminars will be conducted, specifically on research utilization and qualitative research.
- FHI 360 will continue to provide mentorship to the junior researchers, including on implementation of study procedures and data analysis for the UNC MEASURE study.
- FHI 360 will hire a consultant, as advised by the RCHS, to work with NIMR-MMRC and the FPTWG to develop and promote a National FP Research Agenda.
- FHI 360 will also work with the RCHS and NIMR-MMRC to host a local FP Research Forum, scheduled for October 2012, as part of activities in the development of the Research Agenda.
- FHI 360 will provide technical assistance to NIMR-MMRC to implement the endorsed Data for Decision-Making workplan.
- FHI 360 will assist the NIMR-MMRC to finalize and introduce the use of SOPs for conducting research within their institution.
- FHI 360 will continue to build the capacity of NIMR-MMRC through practical application opportunities, such as study coordination for the evaluation of mobile job aids (FCO 890072); data analysis and manuscript development for the hormonal contraindications study (FCO 890029); and manuscript development for the CRTU-funded ADDOs assessment (FCO 890040).
- The RCHS website will be developed and the FPTWG will be asked to contribute resources to the FP page.

Findings and Outcomes:
- With technical support from PROGRESS, junior research mentees from NIMR MMRC were successful in securing a US $8,000 research grant from UNC MEASURE Evaluation PRH Project. The objective of the research study is to describe the quality of FP services in integrated settings, in particular in HIV/AIDS care and treatment sites.

Capacity Building for Research in Rwanda

Status: Ongoing *Projected End Date: 9/30/2012*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890026	6/2/2009		JWesson
890027	6/1/2009		SSortijas

Objective(s): To strengthen the institutional capacity of the National University of Rwanda School of Public Health and the Ministry of Health to conduct programmatic research.

Description: A key objective of PROGRESS is to contribute to improved FP service delivery by investing resources in the strengthening of programmatic research capacity within local research institutions. The National University of Rwanda School of Public Health (NURSPH) is an institution of higher education for public health, which aims to provide leadership to address Rwanda's health challenges and to contribute towards the overall growth and sustainable development of the Great Lakes countries. The capacity development activities include: continuing research education seminars, skills development workshops, capacity building linked to specific PROGRESS studies in Rwanda, research grant management skills,

and curriculum development. All activities are led by a team of FHI 360 and NURSPH personnel. The targeted beneficiaries for these activities are both NURSPH and Ministry of Health (MOH) personnel. This FCO and subproject are closely linked with FCO 890004 Technical Leadership for Capacity Building, which funds headquarters support for capacity building activities in Rwanda and other countries.

Subgrantee(s): School of Public Health, Kigali, Rwanda

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- NURSPH and FHI staff attended a two-day planning meeting in Kigali in April 2009, where a draft two-year scope of work was created.
- A Statement of Shared Vision, establishing a partnership between FHI and NURSPH was signed in April 2009, and a subagreement was signed by NURSPH in Oct 2009.
- In Jan 2010, FHI researchers A. Brunie and B. Tolley conducted a 3-day qualitative analysis workshop for 5 faculty members from NURSPH. The reaction was enthusiastic and the faculty members requested a follow-on training.
- In Feb 2010, NURSPH received computer equipment, software, and textbooks, as described in the subagreement, to assist in implementing the planned research capacity development workshops.
- In Sep 2010, NURSPH, CDC/Rwanda, and FHI facilitated a 2-day workshop on study design and sampling techniques with 12 participants from NURSPH, Kigali Health Institute (KHI), and the Ministry of Health (MOH).
- NURSPH facilitated a workshop on the Roles and Responsibilities of Principal Investigators in Mar 2011. Participants (40) from several institutions participated, including: MOH, NURSPH, TRACPlus (Center for Infectious Disease Control), CDC, PIH, CHAI, PSI, and other local organizations. The workshop was opened by the Permanent Secretary of the MOH, indicating the importance placed on this topic.
- The Roles and Responsibilities guide is being reviewed by workshop participants and will be officially adopted as an MOH document by the Technical Working Group on Operations Research.
- FHI 360 and NURSPH co-organized a workshop on scientific writing in June 2011, which was co-facilitated by two science writers from FHI 360/NC and NURSPH faculty. Representatives (25) of the NURSPH, MOH, and KHI participated in the week-long workshop.
- In July 2011, the FHI 360 facilitators helped edit several Rwandan documents, including a journal article written by the Minister of Health.
- The FHI 360/Rwanda Research Team organized an internal training on programming personal digital assistants (PDAs) for research studies. Now that the curriculum has been tested, an external training workshop will be organized on this topic.

Past Six Months:

- In May 2012, FHI 360 and NURSPH organized a workshop on conducting data analysis with DHS data. Laurie Stockton traveled from FHI 360/NC to co-facilitate. In all, 54 participants from NURSPH, MOH, Rwanda Biomedical Center and FHI 360/Rwanda attended the eight-day workshop. However, due to work pressures, many of these participants were not able to participate for the entire period of the training. Participants developed their own research questions using DHS data during the workshop. Those participants who want to complete this analysis and write an abstract or paper are being provided guidance by co-facilitators from FHI 360/Rwanda and NURSPH.
- Due to administrative barriers, NURSPH has not been able to achieve many of the original objectives set out in the subagreement. With this subagreement under-spent and the end of the PROGRESS project looming, a decision was made to close the subagreement and direct fund from FHI 360 further capacity development activities. The subagreement was closed as of 30 June 2012.

Year 5 Workplan:

- NURSPH and FHI 360 will organize training on programming in CS Pro with facilitators from the National Institute of Statistics.
- FHI 360/Rwanda will continue to take advantage of visiting researchers to offer capacity building workshops.

- NURSPH will help with organizing study tours of delegates from Liberia and Zambia visiting the Rwanda community-based provision of family planning program in Rwanda (see FCO 890045).

Monitoring and Evaluation of the Ethiopian Implanon and IUCD Expansion Project

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Ethiopia

FCO	Approved	C&G Closure	Tech Monitor
892001	9/14/2009		FOkello/ELebetkin

Objective(s): 1) To assist the Federal Ministry of Health (FMOH) to develop a Performance Monitoring Plan (PMP) and monitoring and evaluation (M&E) tools to monitor family planning (FP) initiatives, including integrating IUCD monitoring into previously-developed tools; 2) to assist the FMOH with establishing and supporting Centers of Excellence (CoE) for M&E; 3) to build the capacity of the FMOH at the national, regional, and woreda levels to monitor and evaluate FP initiatives; 4) to assist the FMOH to collate and compile data and results from the Implementing Partners (IPs) and the Regional Health Bureaus (RHBs); 5) to identify, design, and undertake special studies to inform FP initiatives scale-up in collaboration with the FMOH; and 6) to collect and report on primary data for indicators in the PMP that are not yet operational in the data system.

Note: Objectives were updated in November 2010 to reflect the workplan approved by the USAID/Ethiopia Mission.

Description: USAID/Ethiopia is funding FHI 360 through the PROGRESS project to support the FMOH's General Directorate for Health Promotion and Disease Prevention with technical assistance for M&E of the Implanon and IUCD scale-up project. This activity was initially funded to provide M&E technical assistance to the FMOH Implanon Scale-up Initiative, but was expanded to include the newly-implemented FMOH IUCD Revitalization Initiative as well. While the main target is to build capacity of the FMOH to monitor the Implanon and IUCD initiatives, the activities target the entire FP services portfolio. The FMOH has asked that this technical assistance be provided with the aim to build the capacity of the Ministry of Health staff at the federal, regional, and woreda levels to monitor and evaluate the results of this intervention. In addition, they have requested that the M&E technical assistance be provided using a participatory approach involving other partners, including the USAID/Integrated Family Health Program (IFHP). The objectives of the Implanon and IUCD Scale-up Initiative are to increase access to long-term family planning services, especially to the IUCD and Implanon through Health Extension Workers (HEWs), and to increase demand for long-term family planning methods.

Collaborating Agency(s): Ministry of Health, Ethiopia

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- Please see previous reports for additional activities prior to July 2010.
- PROGRESS developed a strategy in June 2010 to monitor compliance to USAID FP Policy and Legislative Guidelines and has integrated compliance monitoring into activities.
- In December 2010, PROGRESS facilitated a visit of an Ethiopian delegation of FMOH, partner, and Mission staff to Kenya to learn from the Kenyan experience in revitalizing IUCD programs (see also FCO 890126).
- PROGRESS participated in the technical review of the FMOH RH/MCH national policy guidelines, HMIS indicators, and the FP training guidelines.

- In July 2011, F. Okello participated in the “Effective Community Approaches to Family Planning Conference” held in Kenya.
- Memoranda of understanding (MOUs) have been signed in 4 regions for the establishment of M&E Centers of Excellence (COEs). Twenty COEs are being established. Baseline assessments were conducted in the selected sites prior to supplying IT equipment and office furniture. COE staff use an FP database for service delivery data, developed by FHI 360, to manage, analyze, and utilize data.
- The data analysis and report writing of the findings from the FP data extracted from 35 Implanon focus woredas was completed in Oct 2011. The report was printed in May 2012 (m2011-65).
- At the request of the FMOH, a post-training follow-up evaluation of 128 health center staff that had completed training in IUCD was conducted. A final report was disseminated in February 2012 (m2012-11).
- Between July and Dec. 2011, four comprehensive FP trainings were evaluated. A total of 76 trainees were evaluated. A report on the findings was released in Jan 2012.
- Okello and T. Workayehu traveled to Dakar in Nov 2011 to attend the post-Nairobi CBFP meeting, the International Conference on Family Planning, and the PROGRESS Global Management Review Meeting.

Past Six Months:
- PROGRESS/NC and Ethiopia staff reviewed the status of activities in Ethiopia against the Mission-specific workplan and indicators, and worked with USAID Ethiopia Mission to revise the indicators.
- The FMOH appreciated the IUCD post-training evaluation report and informed PROGRESS that findings had been used to provide feedback to training partners on necessary improvements to the quality of the training and for planning the regional IUCD launch workshops.
- The analysis of the findings from the Implanon training evaluation and IUCD post-training follow-up evaluation were completed and reports submitted to the FMOH, USAID and partners.
- The second round of post-training evaluation of IUCD/comprehensive FP trainees was completed and data were analyzed. A draft report was begun.
- The trainings conducted by IFHP in Tigray (1 comprehensive), Oromia (1 comprehensive, 1 Implanon TOT, 2 Implanon roll-out), SNNP (1 comprehensive, 1 refresher for long acting FP) and Amhara (1 Implanon TOT, 2 Implanon roll-out, 1 comprehensive) were evaluated. FP data extraction was conducted in 18 woredas in Oromia region, 11 woredas in SNNP, 8 woredas in Amhara and 4 woredas in Tigray. Data entry was completed.
- Baseline assessments were conducted in all five woredas in Oromia where COEs will be established. Baseline assessments were also completed in three woredas that will be established as COEs in Amhara.
- COE equipment were delivered to two woredas in Amhara and Tigray.
- The data management training for Amhara was conducted in March 2012.
- Supportive supervision, mentoring and coaching were conducted in Becho woreda COEs.
- FHI 360 began discussing with the FMOH a National FP Symposium, to be held in Nov 2012 (see FCO 892061).
- At the request of the Amhara Regional Health Bureau, FHI 360 began conducting a study called on postpartum FP (see FCO 892059).
- In April 2012, the FMOH decided to use method-specific reporting in its HMIS, a change advocated for by PROGRESS.

Year 5 Workplan:
- FHI 360 will continue working with the FMOH to complete the establishment of the 20 COEs by September 2012. The project will then work with the FMOH to support the established COEs through supportive supervision visits. FHI 360 will continue to work with the FMOH and the RHBs to build the capacity of the ministry staff to operate and maintain the COEs.
- Training for COE, RHB, and FMOH staff on FP M&E and data for decision-making will continue.
- The FMOH will be supported to hold a symposium on Family Planning in Nov 2012 (FCO 892061).
- FHI 360 will continue to update the trainee profile database, and transition the database to the FMOH.

- Data from service delivery registers in supported woredas will continue to be extracted and analyzed, with reports written.
- PROGRESS will continue to evaluate IUCD and Implanon trainings and report the results from those evaluations. A sample of trainings will be evaluated semi-annually through the pre-post training evaluation, observation of the classroom training and trainee's skills evaluation during practical attachment.
- The study on postpartum family planning uptake in the Amhara region will continue to be implemented under FCO 892059.
- Two non-research assessments are under discussion with the FMOH. One would be a mid-term evaluation of the IUCD scale–up initiative. The other is to field-test the new IEC materials for the IUCD initiative.
- Results of the overall PROGRESS/Ethiopia portfolio will be reported on with the Mission and the FMOH in Ethiopia.

Findings and Outcomes:
- Implanon Training Evaluation Report (May 2012) (M2011-64): The training provided by IFHP and EPHA is successfully and adequately transferring skills for Implanon insertion. Following three days theoretical and classroom practical sessions and another three days of practical insertions with clients, we observed that the trainees were able to master Implanon insertion procedures, including counseling of clients. There is, however, a need to emphasize to trainees to adequately counsel clients and to ensure that they get confirmation of the clients continued interest in getting an Implanon insertion following the counseling. Trainers also need to consistently advise and coach the trainees during the Implanon insertion procedures with clients.
- Based on the findings from the Implanon and Other FP Methods Uptake in a Sample of Focus Woredas (May 2012) (M2011-65) assessment, the following conclusions are made: 1) HEWs play a significant role in expanding access to implants at the community level, and the clients appear willing to accept Implanon insertion from HEWs. 2) The engagement of HEWs to insert Implanon, in addition to providing other FP methods, has increased FP uptake in general, and has contributed to increasing access to and use of Implants. 3) Because of the engagement of the HEWs, the burden for FP service delivery in hospitals and health centers has been lessened, particularly in light of increasing demand for family planning in rural areas. 4) While the highest uptake of long-acting methods (LAM) was in Tigray, the highest uptake of SAM was in Amhara. 5) Virtually all LAM users use Implanon, perhaps because it's the most available LAM. This indicates room for other LAM development.

Tanzania National Family Planning Costed Implementation Plan

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
892006	9/24/2009		CLasway
890023	2/24/2009	6/30/2010	CLasway

Objective(s): To support the Tanzanian Ministry of Health and Social Welfare (MOHSW) to develop, implement, and monitor implementation of the National Family Planning Program Costed Implementation Plan (NFPCIP).

Description: Family planning momentum in Tanzania has slowed considerably since 1999. Whilst modern method prevalence increased from 6.6% in 1992 to 13.3% in 1999, the annual increase in prevalence dropped to 0.2 percentage points per year, with prevalence reaching only 26.4% in 2004–2005. The annual percentage increase in modern method use dropped by half, from 1.5 percentage points per year (from 1992 to 1999) to 0.6 points (from 1999 to 2004–2005).

In March 2010, the Ministry of Health and Social Welfare (MOHSW) launched the National Family Planning Costed Implementation Plan (NCPFIP). The NFPCIP provides guidance to the Reproductive and Child Health Section (RCHS) and development partners to implement strategic interventions towards achieving the set operational target to increase the Contraceptive Prevalence Rate (CPR) from 28% in 2010 to 60% by 2015. This is one of 13 operational targets described in the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008 – 2015, also known as the One Plan, with a goal to accelerate the reduction of maternal, newborn and childhood morbidity and mortality, in line with MDGs 4 and 5, by 2015.
Phase II activities, since July 2010, focus on implementing and monitoring the NFPCIP, with the purpose of (a) informing the RCHS/MOHSW, implementing and development partners on: key activities and resources invested by multiple stakeholders; funding gaps on important priority NFPCIP activities; achievements, challenges, and future priorities; and areas for partner coordination for effective use of resources and time; (b) increasing use of data for advocacy, planning and program implementation; and (c) improving accountability of program deliverables including planning, management and monitoring of results.

Collaborating Agency(s): EngenderHealth; John Snow, Inc.; Johns Hopkins/CCP; Ministry of Health and Social Welfare; Pathfinder International; Futures Group; UNFPA; World Health Organization (WHO)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- See previous annual reports for additional details prior to March 2010.
- In June 2010, funding to support Phase II was approved by the USAID mission.
- By Aug 2010, NFPCIP indicators, Resource, Activity and Results Tracking Tool and sample dashboard report were developed, reviewed, and approved by the MOHSW and partners.
- In Aug, Sep, and Nov 2010, meetings were held with partners to orient them to use data collection tools, the geographical coverage tool, and indicators.
- In Oct 2010, FHI 360 staff attended an advocacy meeting organized by the Presidency Office Planning Commission to discuss the government budgeting processing to ensure that family planning is included in the Government Medium Term Expenditure Framework (MTEF) as an indicator. This effort was successful.
- In August 2011, PROGRESS worked with the Futures Group and the RESPOND project to revise the NFPCIP projections according to 2010 DHS data.
- In October 2011, PROGRESS hired a consultant to support the implementation of M&E efforts for the NFPCIP. PROGRESS also completed data collection from the FP implementers on activities implemented, resource invested and results achieved for the fourth quarter of NFPCIP Year 1 (March - June 2011). Collated data for NFPCIP Year 1 was analyzed and ARC GIS was used to develop maps to show investment coverage.
- In November 2011, PROGRESS, in collaboration with the MOHSW, hosted an annual review meeting and started to conduct an appraisal of the current NFPCIP targets in light of the new DHS projections. Also in November, data for NFPCIP output indicators was aggregated for analysis and refinement.
- A technical brief for dissemination at the 2011 International Conference on Family Planning (ICFP) in Dakar was developed. Two MOHSW staff were supported to attend the ICFP. At the conference, C. Lasway presented on the NFPCIP work to date.
- In December 2011, University for Computing Centre (UCC) was contracted to work on the NFPCIP database. Work on the initial frames began.

Past Six Months:
- The NFCIP Year 1 annual report was finalized.
- In March 2012, PROGRESS hosted the second semi-annual FP implementers meeting. Forty-seven representatives from implementing partners, MOHSW, the UN, and donor agencies attended. Five key priorities areas of focus were identified to increase the CPR to reach the target set for 2015.
- In March 2012, PROGRESS completed data collection for NFPCIP Year 2, Q1 and Q2. Data was reviewed, aggregated and analyzed in April and May 2012.

- By May 2012, the first draft of the NFPCIP Addendum was developed. Also, the output/outcome indicators were revised.
- In May 2012, data for NFPCIP Year 2, Q3 and preliminary data for Q3 expenditures were collected and analyzed.
- In June 2012, PROGRESS hosted the mid-Year 2 review of the NFPCIP to discuss financial and performance gaps to-date, and review the Addendum for Years 3-5. Thirty-five representatives from partner organizations attended.
- By June 2012, UCC completed the second version of the web-based MIS system for monitoring progress of the NFPCIP. It was shared with partners and the RCHS for review.

Year 5 Workplan:
- A two-year progress report on implementing the NFPCIP will be finalized and disseminated to the MOHSW, partners, and donors.
- The Addendum to the NFPCIP covering Years 3-5 will be finalized and launched.
- The new web-based MIS system for reporting quarterly financial and performance data will be launched and used by partners reporting on NFPCIP.
- Two semi-annual FP Partners Meetings will be hosted, one in September 2012, and the other in March 2013.
- Data collection for NFPCIP Year 3 will continue and quarterly review meetings will be held.
- Leadership tours to Rwanda or Ethiopia will be conducted for select RCHS staff.
- A brief on the process and results of monitoring implementation of the NFPCIP will be developed and disseminated.

Findings and Outcomes:
- The Tanzania National Family Planning Costed Implementation Program (M2010-41) was launched on March 30, 2010.
- Generated reports from progress reviews for the past three quarters of year one reveal that amounts mobilized have exceeded the target by over 228%, and for Q1 and Q2 of Year 2 to be 207% of the target.
- In the first and second year, expenditures for contraceptive commodities exceeded the targets set by over 214% and 209%, respectively.
- In the first year, financing for contraceptive commodities increased not only on the amount released, but also on the amount needed - Tsh 9.6 billion (2009/10) vs. Tsh 26.1 billion (2010//11).

Support to Develop a Costed Implementation Plan for Family Planning in Kenya

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892021	8/18/2010		JAbisi

Objective(s): 1) To collaborate with the Kenya Division of Reproductive Health (DRH) to compile priority strategies and interventions for improving FP uptake; 2) to develop a costed implementation plan (CIP) to synthesize costs, inputs, and activities required for the priority interventions to reach DRH's targets for the coming five years; and 3) to provide technical support for monitoring and use of the CIP.

Note: The third objective was added in July 2011 to reflect FY 2012 field support funds.

Description: The Kenya Division of Reproductive Health is committed to raising the contraceptive prevalence rate from the current 46% to 56% by 2015, but a clear plan must be developed in order to realize this goal. Towards this end, FHI 360 is supporting the DRH to develop a national costed implementation plan (CIP) for family planning. The CIP will clearly define and cost the activities to be implemented at different levels by various institutions and organizations over the coming five years under the leadership of the DRH in order to achieve its targets for the National Family Planning Program.
The development of the CIP will be a collaborative process through the Family Planning Technical Working Group (FPTWG) bringing together development and implementing partners supporting family planning services in Kenya under the leadership of the DRH. FHI 360 is providing the DRH with technical, financial, and management support to facilitate the process of developing the CIP through a multi-phased approach, including reviewing and synthesizing current reproductive health strategies and family planning priorities, building consensus, and finalizing, launching and using the costed plan.
Following the completion of the FP CIP, FHI 360 will further support the DRH to launch, disseminate, implement, and monitor the CIP. This will include further advocacy for the use of the CIP, engaging broad support from a wide range of stakeholders. FHI 360 will also support the development of a monitoring system. Lessons learned will be drawn from and shared with other countries engaged in similar efforts.

Collaborating Agency(s): Division of Reproductive Health

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- In October 2010, FHI 360 supported the DRH to form a task force for the development of a costed implementation plan.
- In November 2010, a meeting of the task force members was held to introduce them to the background and the rationale for the development of the CIP for FP. Nineteen members attended the first task force meeting.
- In December 2010, FHI 360 worked on the terms of reference (TOR) for a consultant to review and synthesize information from the current National RH Strategy and from ongoing discussions of the post-Kampala and post-Kigali teams.
- In December 2010, FHI 360 shared the TOR with stakeholders to help identify a consultant.
- A consultant was identified and engaged in February 2011.
- The consultant was officially introduced to and began working with the task force members in March.
- In April, the consultant presented a summary synthesis of information gathered about national priority strategies and interventions for improving FP uptake.
- Another task force meeting was held in May 2011 at which the consultant received input towards drafting the implementation plan.
- The consultant shared a summary of the CIP work and progress to date at the FPTWG meeting in June 2011.
- The consultant held a stakeholders' meeting to review the draft CIP and receive input in August 2011.
- In October/November, consultant worked with and incorporated more input from R. Homan and stakeholders on the implementation plan.
- In November/December, a research assistant was hired to attach cost to the activities in the implementation plan.
- In December 2011, the consultant completed the implementation plan and handed over to Homan for costing.

Past Six Months:

- Costing of the implementation plan was completed and the final document was compiled and reviewed.
- Final editing of the CIP for FP document was completed.
- In June 2012, the CIP for FP was signed by the head of the Ministry of Public Health and Sanitation and the head of the Ministry of Medical Services. The document was subsequently finalized and sent for printing.

Year 5 Workplan:

- FHI 360 will support the printing of 1000 copies of the CIP for FP.
- A national launch and dissemination plan for the CIP for FP will be developed and implemented. FHI 360 will support the DRH to disseminate the CIP to relevant ministries, NCAPD, and implementing partners.
- J. Abisi and a delegate from the DRH will visit Tanzania to meet with staff from FHI 360, the Tanzanian Ministry of Health, and other partners to learn about their experience with launching, implementing, and monitoring the CIP.
- FHI 360 will provide technical support for monitoring and use of CIP.

Findings and Outcomes:

- The national launch and dissemination will contribute to the use of the CIP for FP. As stated in the CIP, its purpose is to: Act as a powerful advocacy tool for FP; Act as a guide to stakeholders on where they could direct their support; and Act as a benchmark to monitor the FP program.

Utilization of Best Practices

Status: Ongoing *End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890003	6/18/2008		BFinger

Objective(s): 1) To capitalize on under-used results in policies and programs; 2) to influence international norms; and 3) to increase government and donor commitments to utilizing best practices.

Description: Improved access to quality family planning services depends on the systematic application of evidence and lessons learned from program research and program experience. While many challenges remain to be addressed by new and ongoing PROGRESS research, program improvements are likely to come from applying the evidence and best practices that already exist.
Under this FCO/subproject, PROGRESS will support the introduction, adaptation, and scale-up of research results and best practices for FP and RH. PROGRESS will move quickly to apply its expertise to address the key challenges to utilizing both existing evidence and new research findings.
The initial focus has been to promote the adoption and scale-up of existing underutilized research results. As the project has progressed, this subproject has also begun to support the adoption and scale-up of PROGRESS research results.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Please see previous annual reports for additional activities prior to July 2011.
- Finger worked with the m4RH research team to help guide the public aspects of that activity (see FCO 890019 and 890129).
- Finger and others have developed issues of the PROGRESS e-newsletter ("Works in PROGRESS") and the PROGRESS website (www.fhi.org/progress).
- PROGRESS staff have attended the USAID High Impact Practices Technical Advisory Committee meetings and helped shape the HIPs.
- Finger supported the RU team working with selected strategic practices and the HIPs in India, Rwanda, Senegal, Uganda, Kenya and Tanzania (see also country-specific FCOs).
- Working with researchers, Finger coordinated editing and production of research briefs on the non-use study in Rwanda and the immunization/FP study in Ghana and Zambia.

- PROGRESS supported work on the ECSA community-based family planning assessments, including Finger's participation in the Malawi assessment and the regional synthesis meeting (see also FCO 890043).
- Funds supported the development of the INVEST FP Calculator (see also FCO 890080).
- Canoutas and Finger coordinated RU activities among the non-health projects.
- Finger worked with PROGRESS staff to prepare for the International Conference on Family Planning (ICFP) in Kampala in 2009 and Dakar in 2011 and the USAID Management Review meeting held in Dakar on December 3-4, 2011.
- Finger supported the completion of PROGRESS's work on the FP Training Resource Package (see also FCO 890041) and work on PPFP/immunization work (see FCO 890081).
- Support was provided for the development, editing, and publication of briefs for the Dakar conference (vasectomy, m4RH, costed implementation plan), advocacy briefs on advancing CBA2I in Nigeria and Kenya, ECSA country reports, and youth assessment reports in Rwanda and Kenya, coordinating with the respective subproject FCOs.
- Finger began planning publications for the end-of-project evaluation, building on the technical handouts and country portfolio posters prepared for the Global Management Review.
- Plans for capacity building with the Millennium Villages Project began.

Past Six Months:

- Under this FCO, Finger continued to support the utilization of the USAID High Impact Practices in the key PROGRESS RU countries (see also country-specific RU FCOs).
- Staff coordinated the editing, review and production of a series of publications for the end-of-project evaluation, building on the technical handouts and country portfolio posters prepared for Dakar management review.
- Staff coordinated the editing, review and production of other publications, including research briefs from three studies: drug shops/Tanzania, IUDs/India, and Land 'O Lakes/Kenya.
- Works in PROGRESS No. 5 was developed and disseminated. Several new pages were developed for the PROGRESS website.
- Finger worked with RU technical leads on planning Year 5 activities.
- Working with PROGRESS management and M&E (see also FCO 890006), a series of end-of-project technical meetings was planned. The first was held in March 2012 in Washington, on institutionalizing evidence-based practices. The second one was planned on PPFP, to be held in July.
- PROGRESS completed the transition of the FP Training Resource Package to the E2A project.
- Planning for RU activities in the non-health and PPFP technical areas were supported (see also FCO 890081).
- PROGRESS continued working with the Millennium Villages Project toward capacity building for FP activities. See also FCO 890008 for a training on PPIUCD in Rwanda.

Year 5 Workplan:

- PROGRESS will work with the USAID RU coordinators to advocate for and support the USAID HIPs in working with bilaterals, FP Technical Working Groups, and other partners in six countries (India, Kenya, Rwanda, Senegal, Tanzania, and Uganda; see also country-specific FCOs).
- PROGRESS will collaborate with USAID/W to promote the HIPs at the global level.
- PROGRESS will promote best practices that emerge from two priority RU technical areas: FP/immunization (see also FCO 890081) and non-health integration. This work could include website postings, technical briefs, commentary submission to journals, sharing of new findings from literature reviews and research projects globally, and other approaches.
- PROGRESS will continue its e-newsletter as a way to promote emerging best practices from PROGRESS activities, and posting this information on the PROGRESS section of the FHI 360 website.
- Additional collaborations and capacity building with the Millennium Villages Project will be pursued as opportunities arise.
- PROGRESS will support the publication of about 20 research briefs in the final year. This FCO will support the editorial, production, and dissemination process (designed as online publications, electronic dissemination, to be printed as needed for specific meetings). The researchers and

research utilization staff will charge their own FCO for the drafting of the brief, and for drafting of journal articles. Longer reports will only be written when required by country officials.
- We will also support a number of other publications, in conjunction with other FCOs, including program briefs, white papers, web postings, success stories, and RU tools. A series of end-of-project planning meetings will determine priority publications to support, balancing priorities among the various technical areas with funding and staff time available.
- PROGRESS will support the promotion of lessons learned from country-level projects, such as the Tanzania National Family Planning Costed Implementation Plan (NFPCIP). For the NFPCIP, we will work with in-country partners to frame lessons from the process and the document, so that these lessons can be used through the ECSA Health Community and other networks. PROGRESS will pursue other such opportunities to provide global technical leadership that may arise during the year.

Findings and Outcomes:
- In October 2008, J. Stanback presented at the American Public Health Association conference on contraceptive injections in rural drug shops in Uganda as part of a session called "Thinking Outside the Clinic: Expanding Service Delivery Options." He moderated a session called "Increasing Access to Reproductive Health Services through Community Initiatives." Also, he was a co-author on J. Smith's presentation, "Building momentum for innovation: community-based distribution of injectables," given in a session about scaling up family planning programs.
- In March 2009, Drs. Maggwa and Mbonye attended the ECSA Ministers conference and presented on task-shifting for FP services, which helped lead to a resolution passed by ECSA to promote task-shifting through its 10 member countries.
- In February 2010, ECSA followed up the 2009 resolution on task-shifting with a two-day workshop led with FHI 360. FHI 360 staff presented on global evidence and country experience and helped coordinate the development of country workplans.
- Works in PROGRESS e-newsletter issues (Nos. 1-5) summarize key PROGRESS activities with links to the PROGRESS section of the FHI 360 website.
- This FCO has supported the development of about 10 research briefs, about 10 program briefs, five country reports and one regional report on CBD assessments in the ECSA region, several youth assessments, two technical briefs, and other reports.

Collaboration with WHO on Task Shifting including Expert Consultation

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
996085	10/19/2010	6/30/2011	BFinger
996084	10/19/2010	6/30/2011	BFinger
890010	10/1/2008		BFinger

Objective(s): To collaborate with WHO on a variety of research utilization activities.

Description: Based on collaborative experience between the FRONTIERS project and WHO, USAID requested that PROGRESS explore ways through which such collaboration could be continued and expanded. Collaboration activities were identified and prioritized for implementation. The major activities that have evolved include the following: 1) FHI 360 and WHO implemented a technical consultation on task-shifting, convening a group of experts undertaking research and or promoting the use of CBD agents to provide DMPA injections. 2) PROGRESS has supported advocacy activities and continued to work with USAID and WHO on targeting country guidelines, south-to-south exchanges, and other activities. 3) FHI

360 is a member of the Implementing Best Practices (IBP) Network. PROGRESS has played an active role in this collaboration, supporting staff participation in the board meetings and identifying possible overlapping activities regarding research utilization. 4) PROGRESS has participated on the panel on Social Sciences and Operations Research on Sexual and Reproductive Health (now called WHO/RHR Research Project Review Panel). Additional activities may be added as discussed with WHO, FHI 360, and USAID.

Collaborating Agency(s): World Health Organization (WHO)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- For additional accomplishments prior to July 2011, see previous annual reports.
- In 2009, PROGRESS coordinated a technical brief from the WHO Technical Consultation on CHWs/Injectables, sent to 50,000 people electronically, posted on WHO, USAID, and FHI 360 websites. Also, endorsements were obtained from Int'l Conf. of Midwives, Int'l Council of Nurses, Int'l Federation of Gyn & Obst, IPPF, Marie Stopes, UNFPA, and the World Bank. This brief was released at the 2010 Women Deliver and Global Health Council meetings.
- Finger participated in the Implementing Best Practices (IBP) Consortium, including presentations at bi-annual meetings and work on IBP's role at 2009 International Conference on Family Planning (ICFP) in Kampala and the 2011 ICFP in Dakar (see also FCO 890003). Finger led development of "Family Planning and Development: Actions for Change," published by USAID, WHO, UNFPA and IBP after Kampala (M2010-40). FHI 360 staff also coordinated one of six IBP sessions at the 2011 ICFP on advocacy tools, with Policy Project, PRB, and USAID.
- WHO/IBP funded FHI 360 to produce (FCO 996084) and to translate and produce a French version (FCO 996085) of the Kampala Action Report.
- Support was provided to publish two articles in Contraception based on the WHO Technical Consultation on CHWs/injectables (see Findings).
- Through the WHO/RHR Research Project Review Panel, Stanback attended a WHO consultation on accelerating progress on the Millennium Development Goal 5b and participated in Review Panel meetings.
- PROGRESS participated in the IBP 10-year evaluation.
- At the June 2011 IBP meeting, Finger helped lead discussions about the Google map that PROGRESS developed on the FP/immunization work (see FCO 890081), which USAID used to develop as a tool for tracking use of the High Impact Practices.
- At the December 2011 IBP meeting, Finger presented on PROGRESS's work in Rwanda on CBFP as an example of scale up, and coordinated discussions around Zambia as a possible focus country for IBP.
- PROGRESS assisted IBP by shipping copies of the Kampala Action Report to Dakar for the 2011 ICFP.

Past Six Months:

- Maggwa traveled to Switzerland (Jan 2012) to participate in the WHO Technical Consultation on Hormonal Contraception and HIV risk (cost-shared with FCO 890115 and non-PROGRESS FCOs).
- Stanback participated (virtually) in the WHO Research Proposal Review Panel meeting.
- Stanback and Maggwa participated in a WHO meeting on task shifting, representing FHI 360 (see also FCO 890115).
- K. Krueger and J. Bratt participated in June 2011 IBP meeting, at which Krueger presented on scaling up and Bratt discussed cost and FP, including a case study on the PROGRESS Zambia CBA2I pilot.
- Finger drafted a report of the IBP sessions at the 2011 ICFP, working with chairs of the sessions and the IBP secretariat. A small print run was produced as a "final draft" for IBP partner review. The report will be completed by September 2012.
- Finger worked with the IBP secretariat to develop focus country activities, working with M. Welsh and M. Malkin in Zambia and J. Stanback and B. Sow in Senegal.

Year 5 Workplan:

- PROGESS will work with the IBP secretariat to complete the Dakar ICFP report, which links the action areas from the Kampala Action Report to the IBP sessions at the Dakar ICFP. This will include dissemination activities and exploring how the report can be used in strategic meetings.
- Stanback will participate in the WHO postpartum family planning technical consultation to be held in September (see also FCO 890081 & 890115).
- Stanback will participate in the WHO Research Proposal Review Panel meetings.
- PROGRESS will participate in the bi-annual IBP meetings.
- PROGRESS will work with IBP as it pursues focus country activities in Zambia and Senegal.
- PROGRESS will explore with WHO the possibility of additional technical consultations on topics such as drug shops and mHealth.

Findings and Outcomes:

- WHO, USAID, FHI. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. September 2009. (M2009-17) This report from the technical consultation was disseminated to more than 50,000 and presented via PowerPoint at multiple international meetings. It was reprinted in June 2010 (M2010-42) with the following endorsements: International Confederation of Midwives, International Council of Nurses, International Federation of Gynecology and Obstetrics (FIGO), International Planned Parenthood Federation, Marie Stopes International, UNFPA, and the World Bank.
- Stanback J, Spieler J, Shah I, Finger W, Technical Consultation Participants. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. Contraception, March 2010; 81(3):181-4. (FHI Pub 2010-12)
- USAID, WHO, UNFPA. Family Planning and Development: Actions for Change. June 2010. (M2010-40) This is a report from the Implementing Best Practices Initiative/WHO, promoting follow-up actions from the Kampala International Family Planning Meeting. Finger was the lead author, working with IBP and Ward Cates.
- Malarcher S; Meirik O; Lebetkin E; Shah I; Spieler J; Stanback J. Provision of DMPA by community-health workers: what the evidence shows. Contraception. 2011 Jun. 83(6): 495-503. (FHI Pub 2011-34; co-funded with FCO 890115).

Development of Guidelines for Contraceptive Users (CIRE)

Status: Ongoing *Projected End Date: 8/16/2014*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890120	8/16/2010		LWilson
805701	9/29/2009		LDorflinger
890054	8/11/2009	12/31/2010	LDorflinger
890053	8/11/2009		KNanda

Objective(s): To maintain a system to ensure that the WHO's Medical Eligibility Criteria and the Selected Practice Recommendations for Contraceptive Use remain current and based on the best available science. The system provides for ongoing monitoring and critical appraisal of available evidence and assures that this information is available for updating guidance.

Description: The World Health Organization (WHO) provides evidence-based family planning guidance for use worldwide. WHO currently has two such guidelines, Medical Eligibility Criteria (MEC) for Contraceptive Use and Selected Practice Recommendations (SPR) for Contraceptive Use, which are used globally and often incorporated into national FP standards and guidelines. These documents are the

first evidence-based, global consensus guidelines that address 'who' can safely and effectively use contraceptive methods (MEC) and 'how' to safely and effectively use contraceptive methods (SPR). To ensure that these guidelines remain up-to-date, WHO, in collaboration with CDC and the INFO Project at JHU, developed the Continuous Identification of Research Evidence (CIRE) system to identify, synthesize, and evaluate new scientific evidence as it becomes available. The second component of the system, conducted by CDC and WHO, and assisted by FHI 360, consists of: 1) determining which new research reports are relevant; 2) critically appraising new, relevant reports; 3) preparing or updating systematic reviews; 4) obtaining peer review of systematic reviews and revising as appropriate; and 5) providing final systematic reviews to WHO Secretariat. FHI 360 staff are involved in writing systematic reviews, serve as peer-reviewers on an ongoing basis for reviews generated from the CIRE system, and provide technical leadership by participating in WHO Expert Working Group meetings and providing other assistance to WHO secretariat. This leadership role also involves identifying research gaps identified by the systematic reviews and expert meetings, and working with WHO to fill these research needs.
As of December 2009, this subproject is supported by PROGRESS population core funds (FCO 890053) as well as by an Interagency Agreement from NIH under PTA (FCO 805701) and PROGRESS (FCO 890054). Under the PTA, work will focus on the intersections of HIV and contraception.

Subgrantee(s): World Health Organization

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional details.
- In Jan 2010, WHO convened a technical consultation on postpartum venous thromboembolic (VTE) disease and the use of combined hormonal contraceptives (CHC). The revised recommendations were published on the WHO website.
- A new paper was published: Kapp N, Curtis K, Nanda K. Progestogen-only contraceptive use among breastfeeding women: a systematic review. Contraception. 2010 Jul;82(1):17-37 (initial funding under CRTU). (2010-83)
- An external evaluation of the CIRE system was completed in Oct 2010. Recommendations advised WHO to re-examine the membership of the Guidelines Steering Group, conduct a transparent scoping exercise of topics, and apply the GRADE system for recommendation formulation.
- The 4th edition of the English Medical Eligibility Criteria for Contraceptive Use (MEC) was printed and distributed.
- Eleven systematic reviews were updated.
- Six reviews were finalized for the US CDC meeting adapting WHO's SPR.
- WHO and FHI 360 participated in the CDC SPR meeting in Atlanta, in Oct 2011.
- In Oct 2011, WHO participated in the Association of Latin American Researchers in Reproductive Health (ALIRH) and launched the Spanish version of the 4th edition of MEC.
- In response to study findings on HC and HIV, WHO issued a statement on Oct 4, 2011, and circulated it globally. FHI 360 published a commentary that accompanied this paper.
- WHO participated in the 2011 International Conference on Family Planning in Dakar in Dec.
- WHO distributed the French version of the 4th edition of MEC and other guidelines, tools, and statements.

Past Six Months:

- In Jan 2012, WHO convened a Technical Consultation to re-examine the evidence on HC on HIV acquisition, progression, and transmission. FHI 360 staff attended, chaired sessions, and presented at this consultation (funded under FCO 890115 and 890010). WHO guidance was published on the WHO web site.
- WHO established a task force on hormonal contraception and HIV to provide guidance on responding to emerging published evidence as well as assisting with the identification of research priorities on the issue.
- WHO/UNAIDS/UNFPA convened a consultation to develop guidance on what women, health care workers, policy makers and program managers need to know to communicate recommendations on family planning and HIV prevention.

- A panel session focused on postpartum family planning was submitted to the Scientific Steering Committee of FIGO for consideration. Acceptance of this panel is currently pending.
- In collaboration with JHPIEGO/MCHIP, a Call-to-Action advocacy document for family planning programs to ensure services are offered to women who have recently delivered a baby and during the 12 preceding months was prepared and reviewed by family planning experts. The document was approved by FIGO, ICW, World Bank, UNFPA, DFID, and is undergoing final review by WHO.
- As part of background preparations for the initiative for developing programmatic guidance on postpartum family planning, telephone interviews of family planning officials in countries with high unmet need for family planning were organized. A brief communication highlighting responses from Kenya and Ethiopia was prepared for submission to the International Journal of Obstetrics & Gynecology.
- Systematic reviews based on new evidence continued.

Year 5 Workplan:

- In July 2012, WHO Geneva staff will participate in a capacity-building workshop being organized by the WHO AFRO Regional Office for 5 targeted countries in East and Southern Africa.
- FHI 360 staff will act as peer-reviewers for systematic reviews, conducted in collaboration with WHO.
- FHI 360 will submit the updated review of hormonal contraceptives with antiretrovials for publication.
- WHO will continue efforts to assure that family planning guidelines are supported by the most up-to-date published evidence, through the identification of evidence using the CIRE system.
- WHO will begin to prepare for the 2014 Technical Consultation to revise the 4th edition of the Medical Eligibility Criteria for Contraceptive Use (MEC) and the updated 2nd edition of the Selected Practice Recommendations for Contraceptive Use (SPR).
- WHO will plan a Technical Consultation to develop guidance on how to design family planning programs to reach women who have delivered in the preceding 12 months.
- WHO will continue to implement recommendations received from an external evaluation of the CIRE system, with regards to the 2014 MEC/SPR Technical Consultation.
- Preparation of various systematic reviews addressing the following reviews is underway, many of which will be completed.
- Systematic reviews prepared for the United States' adaptation of the SPR will be published in a special issue of Contraception.
- An annual CIRE orientation face-to-face meeting will take place in the Fall 2012 among WHO and CDC staff to consider which topics need/should be addressed during the 2014 MEC/SPR Technical Consultation. A subsequent meeting in Spring 2013 is planned for WHO, CDC, and Guideline Steering Group members to further plans for the 2014 MEC/SPR Technical Consultation.
- Preparation of a technical report from the Technical Consultation on Hormonal Contraception and HIV noting the epidemiological, biological, and implementation research priorities is underway.
- Upon the publication of the three commissioned systematic reviews which were prepared for the Technical Consultation, a policy brief will be prepared which will summarize the findings of the three systematic reviews and the conclusions from the Consultation.
- Translations of the 4th edition of the MEC into Spanish and French were finalized. These translations are available for downloading from WHO's web site and will be printed in Summer/Fall 2012, and distributed through the official WHO mailing list, RHR expert committee lists, NGOs working in sexual and reproductive health, and at exhibition tables at international meetings.
- WHO will convene a Technical Consultation during Sept 2012 in Geneva to develop practical guidance on postpartum family planning services. At the conclusion of the consultation, WHO will issue a practical guide to family planning programs and interventions for women during an extended 12 month postpartum period.

Findings and Outcomes:

- The following papers were published:
- 1) Kapp N, Curtis K, Nanda K. Progestogen-only contraceptive use among breastfeeding women: a systematic review. Contraception. 2010 Jul;82(1):17-37 (initial funding under CRTU). (2010-83)
- 2) Centers for Disease Control and Prevention (CDC). Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Hormonal

Contraception Among Women at High Risk for HIV Infection or Infected with HIV. MMWR Morb Mortal Wkly Rep. 2012 Jun 22;61:449-52.

- 3) Rodriguez M, Reeves M, Caughey A. Evaluating the competing risks of HIV acquisition and maternal mortality in Africa: a decision analysis. BJOG. 2012 Aug;119(9):1067-73.
- 4) Haddad LB, Curtis KM, Legardy-Williams JK, Cwiak C, Jamieson DJ. Contraception for individuals with sickle cell disease: a systematic review of the literature. Contraception. 2012 Jun;85(6):527-37.
- 5) Brahmi D, Steenland MW, Renner RM, Gaffield ME, Curtis KM. Pregnancy outcomes with an IUD in situ: a systematic review. Contraception. 2012 Feb;85(2):131-9. Epub 2011 Aug 16.

Cochrane Review Initiative, 2009-2014

Status: Ongoing *Projected End Date: 8/16/2014*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
805700	9/24/2009		LLopez
890047	7/15/2009		DGrimes/LLopez
890048	7/15/2009		DGrimes/LLopez

Objective(s): To perform systematic reviews and meta-analyses of trials on family planning methods.

Description: The Cochrane Collaboration is an international, independent, not-for-profit organization of more than 28,000 contributors from more than 100 countries, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. Contributors work together to produce systematic reviews of healthcare interventions, known as Cochrane Reviews, which are published online in The Cochrane Library. Cochrane Reviews are intended to help providers, practitioners and patients make informed decisions about health care, and are the most comprehensive, reliable and relevant source of evidence on which to base these decisions. The Cochrane Collaboration has more than 50 review groups; our work at FHI 360 has mainly been with the Fertility Regulation Group, based in the Netherlands. We also work with the Pregnancy and Childbirth Group (based in the UK) and the Menstrual Disorders and Subfertility Group (based in New Zealand). Our work aims to provide evidence to help reduce the risk of unintended pregnancy. We have addressed the effectiveness and side effects of various contraceptives, as well as educational interventions to improve use of contraceptive methods. This subproject represents Cochrane research and review activities starting in December 2009. This subproject will be co-funded by PTA and PROGRESS. Under the PTA, work is funded by the NIH account for Research on Contraception & the Prevention of HIV/AIDS. Under PROGRESS, work is funded by USAID Core-Pop funds and the NIH account for Clinical Evaluation of New Contraceptive Technologies. Previous activities were reported under CRTU FCOs 112112 and 172000 Cochrane Fertility Regulation Review Group, 2005-2009.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- See reports for FCO 172002 and 112112 for accomplishments prior to December 2009. Cochrane work moved to this subproject in December 2009.
- Three new reviews were published:
- 1) Lopez et al. Hormonal contraceptives for contraception in overweight or obese women. Cochrane Database Syst Rev 2010 (7). (2010-89)
- 2) Lopez et al. Progestin-only contraceptives: effects on weight. Cochrane Database Syst Rev 2011 (4). FHI Pub 2011-69.
- 3) Van Vliet et al, Quadriphasic versus monophasic oral contraceptives for contraception. Cochrane Database Syst Rev 2011 (11). (2011-154)
- Two secondary papers were published:

- 1) Lopez et al. Postpartum education for contraception: a systematic review. Obstet Gynecol Surv 2010; 65(5): 325-31. (2010-82)
- 2) Raymond et al. Pericoital oral contraception with levonorgestrel. Obstet Gynecol 2011; 117(3): 673-81. (2011-30)
- An oral presentation was given at Cochrane Colloquium 2010, “When it rains: synthesizing umbrella reviews of educational interventions”, Lopez, et al.
- Reviews were substantively updated with new trials; in 2010, 6 reviews; from January-June 2011, 5 reviews; for July-Dec 2011, the 3 substantive updates were as follows:
- 1) Oral contraceptives for functional ovarian cysts.
- 2) Triphasic versus monophasic oral contraceptives for contraception.
- 3) Combination contraceptives: effects on weight.
- Reviews were updated but no new trials found. These included 5 reviews in 2010 and 4 reviews from Jan-June 2011. For July-Dec 2011, the 7 reviews updated with no new trials found were as follows:
- 1) Diaphragm versus diaphragm with spermicides for contraception.
- 2) Nonsteroidal anti-inflammatory drugs for heavy bleeding associated with intrauterine device use.
- 3) Oral contraceptives for functional ovarian cysts.
- 4) Repeated use of postcoital hormonal contraception for prevention of pregnancy.
- 5) Scalpel versus no-scalpel incision for vasectomy.
- 6) Steroid hormones for contraception in women with sickle cell disease.
- 7) Vasectomy occlusion techniques for male sterilization.
- New title was registered: 21+7 day versus other cyclical, monophasic regimens of combined oral contraceptives for contraception (external lead).

Past Six Months:
- Two new reviews were completed and accepted:
- 1) Lopez et al. Steroidal contraceptives and bone fractures in women: evidence from observational studies. Coch Data Syst Rev 2012 (8), scheduled. PP2012/024
- 2) Kaneshiro et al. Pain management for hysteroscopic sterilization. Coch Data Syst Rev 2012.
- Two new reviews were drafted:
- 1) Mody et al. Intrauterine devices for contraception in nulliparous women.
- 2) Tang et al. Hormonal and intrauterine contraception for women aged 25 years and younger.
- A new title was registered and protocol was started: Lopez et al. Behavioral interventions to improve contraceptive use among women living with HIV. PP2012/061
- The following reviews were substantively updated with new trials as per Cochrane policy:
- 1) Nanda et al. Expectant care versus surgical treatment for miscarriage.
- 2) Lopez et al. Steroidal contraceptives: effect on carbohydrate metabolism in women without diabetes (major revision)
- 3) Arowojolu et al. Combined oral contraceptive pills for treatment of acne.
- 4) Lopez et al. Education for contraceptive use by women after childbirth (draft).
- 5) Lopez et al. Oral contraceptives containing drospirenone for premenstrual syndrome.
- Searches for the following reviews were updated; no new trials were found:
- 1) Gallo et al. Cervical cap versus diaphragm for contraception.
- 2) Grimes et al. Antibiotic prophylaxis for intrauterine contraceptive device insertion.
- 3) Grimes et al. Fertility awareness-based methods for contraception.
- 4) Grimes et al. Steroid hormones for contraception in men.
- The journal Contraception was handsearched (Jan-Jun 2012) for trials to be included in the Cochrane Central Register of Controlled Trials.
- Editorial board activities: D. Grimes and L Lopez continued to peer-review projects within the Fertility Regulation group and respond to requests from editorial office.
- C. Manion continued to work on search strategies for new reviews and updates and execute searches for specific databases.

Year 5 Workplan:

- At least two new topics will be developed within FHI 360, with the Cochrane editorial group, or through collaboration with external colleagues. Protocols will be developed and submitted for peer-review; reviews will be drafted.
- A new review will be completed: Lopez et al. Behavioral interventions to improve contraceptive use among women living with HIV. This review involves assessing quality of both RCTs and observational studies.
- Two reviews will be completed with the external lead authors:
- 1) Mody et al. Intrauterine devices for contraception in nulliparous women
- 2) Tang et al. Hormonal and intrauterine contraceptives for contraception in adolescents.
- FHI 360 will update reviews as per Cochrane policy. Those due for updating include:
- 1) Lopez et al. Hormonal contraceptives for contraception in overweight or obese women
- 2) Lopez et al. Strategies for communicating contraceptive effectiveness
- 3) Grimes et al. Spermicide used alone for contraception
- 4) Lopez et al. Skin patch and vaginal ring versus combined oral contraceptives for contraception
- 5) Lopez et al. Immediate start of combined hormonal contraceptives for contraception
- 6) Grimes et al. Immediate postabortal insertion of intrauterine devices
- 7) Grimes et al. Immediate post-partum insertion of intrauterine devices
- 8) Truitt et al. Combined hormonal versus nonhormonal versus progestin-only contraception in lactation
- 9) Gallo et al. Nonlatex versus latex male condoms for contraception
- 10) Kuyoh et al. Sponge versus diaphragm for contraception
- FHI 360 staff will continue to handsearch the journal Contraception (Jul 2012 - Jun 2013) for trials to be included in the Cochrane Central Register of Controlled Trials.
- L. Lopez will continue to peer-review projects within the Fertility Regulation group and respond to requests from editorial office, such as reviewing draft documents on Cochrane methodology or policy.
- C. Manion will continue to work on search strategies for new reviews and updates and execute searches for specific databases.

Findings and Outcomes:

- Lopez et al. Steroidal contraceptives and bone fractures in women: evidence from observational studies. In this Cochrane review, we examined the evidence from observational studies of hormonal contraceptive use for contraception and the risk of fracture in women. We examined the quality of evidence using the Newcastle-Ottawa Quality Assessment Scale, developed for case-control and cohort studies. We focused on evidence from 6 (of 14) studies with moderate or high quality evidence in the sensitivity analysis. All six examined oral contraceptive use. Observational studies did not show an overall association between OC use and fracture risk. Some reported increased risk for specific user subgroups. DMPA users may have an increased fracture risk. One study indicated hormonal IUD use may be associated with decreased risk.
- Kaneshiro et al. Pain management for hysteroscopic sterilization. This systematic review included randomized trials that evaluated interventions to decrease pain during tubal sterilization by hysteroscopy. Two trials met the inclusion criteria. Compared to paracervical block with normal saline, paracervical block with lidocaine reduced pain during some parts of the procedure. Intravenous sedation resulted in lower pain scores during insertion of the second tubal device. However, neither paracervical block with lidocaine nor conscious sedation significantly reduced overall pain scores for sterilization by hysteroscopy. The available literature is insufficient to determine the appropriate analgesia or anesthesia for sterilization by hysteroscopy.

Collaboration with Regional Institutes and Networks

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Africa Regional, Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890083	2/17/2010		MMalkin
890043	7/9/2009		MMalkin

Objective(s): 1) To use a regional-based approach, through a collaboration with ECSA and other regional organizations, to expand knowledge and action on community-based family planning and task-shifting for family planning; and 2) to build the capacity of regional organizations and networks to provide guidance and technical assistance to Ministries of Health and implementing agencies to utilize evidence-based practices and high impact interventions.
Note: The objectives were changed in December 2011 to reflect activities with organizations other than ECSA.

Description: FHI 360's PROGRESS project and the East, Central and Southern African Health Community (ECSA) are collaborating on a set of activities that will advance a common goal of increasing access to family planning (FP) among underserved populations. PROGRESS and ECSA are focusing their collaboration on providing technical assistance and capacity building to ECSA to advance its member states' uptake of a regional approach to community-based family planning (CBFP). The activities map to priorities within PROGRESS legacy areas and ECSA's Family and Reproductive Health (FRH) Programme. For ECSA, the activities are intended to facilitate progress in implementing its "Repositioning Family Planning Strategy" as well as resolutions passed at previous Health Ministers conferences. Activities with other regional organizations, such as the Regional Center for Quality of Health Care (RCQHC) and the Millennium Villages Project (MVP), will complement the work with ECSA.

Subgrantee(s): East, Central and Southern Africa Health Community (ECSA-HC)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- For additional activities prior to June 2011, please see previous annual reports.
- In Feb 2010, FHI 360 staff attended the 50th Health Ministers Conference in Kampala to conduct a workshop, attended by 7 member states. Country delegations developed workplans to advance the task-shifting resolution.
- From May–July 2010, Malkin provided on-site TA to the ECSA Family and Reproductive Health Programme (FRHP) Manager (Dr. Odiyo) to design and implement an assessment on community-based family planning (CBFP).
- In June 2010, Malkin attended USAID/East Africa's Partners' Meeting in Zanzibar to present the 2010-11 FRHP workplan, including the CBFP assessment.
- Malkin developed an abstract and presentation on task-shifting, given at the ECSACON conference, and provided TA to Odiyo to conduct the FRHP Expert Committee Meeting.
- Malkin traveled to Arusha in Sept 2010 to provide TA to ECSA to conduct the CBFP assessments. Country-level details did not progress as needed and the assessment was postponed until November.
- Between Nov 2010 and March 2011, assessments were conducted in Uganda, Malawi, Lesotho, and Zimbabwe.
- Technical assistance was provided to ECSA to adapt the Kenya CBFP assessment report.
- PROGRESS drafted summaries from the MNCH portion of the assessments.
- PROGRESS assisted ECSA to plan a regional workshop in Malawi in June 2011.
- PROGRESS drafted a regional synthesis report based on the five assessments and information from the remaining five non-assessment countries. The report, along with a poster and brochure, were

shared at the regional workshop in June, as well as at the USAID Africa Bureau Effective Community Approaches to FP Meeting (Nairobi) in July 2011.
- PROGRESS provided TA to ECSA to present the regional synthesis at the Health Ministers' Conference in Nov 2011 and the International Conference on FP (ICFP) in Dec 2011.
- The regional report was disseminated to select global audiences.
- PROGRESS began support for a Senior Programme Officer at ECSA to work within the reproductive health unit under the subagreement.

Past Six Months:
- PROGRESS and ECSA finalized and printed the Malawi, Lesotho, Uganda, and Zimbabwe CBFP assessment reports.
- The subagreement with ECSA was extended to March 2013, and the budget increased to reflect an additional 8 months of implementation.
- The Senior Programme Officer supported the ECSA FRHP to advance key reproductive health activities, including ECSA's CBFP agenda.
- TA was provided to the Regional Center for Quality of Health Care (RCQHC) to design capacity building efforts in CBFP, with a focus on injectables. A two-phase TA process was designed, with the purpose of mentoring and building RCQHC's capacity to be a lead TA provider in community-based access to injectables (CBA2I) to the Uganda MOH, as well as other MOHs and implementing agencies in East Africa that require technical assistance to introduce, scale up and/or evaluate their CBA2I programs (also see FCO 890080).

Year 5 Workplan:
- Funding under this FCO will contribute to improving the regional capacity of organizations to serve as intermediary technical assistance providers between FHI 360 and countries for CBA2I implementation and expansion. The focus on the TA will be to RCQHC based in Kampala, including on-site capacity building. (Cost-shared with FCO 890080.)
- Continue supporting the FRH Senior Programme Officer to advance key reproductive health activities, including ECSA's CBFP agenda (FCO 890083).

Findings and Outcomes:
- The assessments and regional dissemination workshop showed that community-based FP has clear benefits in improving access to family planning information and services. Therefore, this approach is a powerful tool for social transformation towards improved quality of life at the community level, including improvement in the contraceptive prevalence rate and the resulting impact on maternal and child health. While promising practices and models are emerging, much remains to be done. The assessments and regional workshop led to key findings and recommendations related to policies, guidelines, strategies, financing, and operational issues. These findings and recommendations are in the regional assessment report (M2011-12) and include:
- 1. Advocate at Legislative levels. Politicians/Parliamentarians need to be provided with accurate information that would make them confident in advocating and articulating FP/RH issues. Members of Parliament are very enthusiastic to carry this mantle if relevant information is availed to them.
- 2. Sustainability and supportive policy environment. Even where policies are supportive with resultant desired changes, respondents cited the need for continued support for such changes, and support to improve the working environment of CHWs, and their linkages to supervisory systems. The need to increase budgetary allocation for FP was underscored.
- 3. Enhanced motivation and retention of CHWs. Respondents recommended inclusion of CHWs in government pay-role to enhance improved sustainability, higher retention rates, and greater motivation. Longer training periods for CHWS was also cited.
- 4. Country evidence supports CHWs providing contraceptives. Some countries recommend continued roll of CHWs in providing injectable contraceptives. All countries supported the CHWs providing oral contraceptives condoms and counseling.
- 5. Focus on supervision. There is urgent need to strengthen the linkages between facilities and community networks to ensure regular and constructive supervision, complete referrals, and access to services not offered by CHWs.

- 6. Integrate FP with MCH services and non-health sectors. The value-addition on integration of FP, MCH and other services, was underscored.
- 7. Strengthening community engagement. Community engagement was identified as an effective strategy to improve service delivery at the community level.

Africa Bureau Support to PROGRESS and ECSA

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Africa Regional, Ethiopia, Kenya, Rwanda

FCO	Approved	C&G Closure	Tech Monitor
892034	4/25/2011		JWesson
892028	10/1/2010		BFinger

Objective(s): 1) To undertake technical assistance to selected countries in Africa in collaboration with the priorities of the USAID/Africa Bureau; and 2) to allow PROGRESS to expand the extent of its technical assistance to ECSA (see FCO 890043).

Note: The objectives, description, and title were revised in the Fall of 2010 following discussions with USAID/Africa Bureau.

Description: In PROGRESS's Year 3, the USAID/Africa Bureau allocated funds to PROGRESS to support technical assistance to countries in the Africa region to take actions as a follow up to the meeting organized by the Africa Bureau entitled 'Meeting the Family Planning Demand to Achieve MDGs: Vision 2015' in Kigali in late March 2010. Following this meeting, PROGRESS provided technical assistance to the Rwanda Mission to conduct an assessment of adolescent reproductive health programming and to develop a national strategy and policy based on the assessment. PROGRESS was also asked to work with USAID/Kenya to conduct a similar assessment in Kenya.
PROGRESS and ECSA have worked with input from member states to identify needs and recommendations on CBFP for member countries to utilize in expanding access to family planning. The first step was to conduct CBFP assessments in five countries to collect and synthesize information to help identify gaps and opportunities for standardizing and improving CBFP in the region. The assessments took place in Lesotho, Malawi, Uganda, Zimbabwe, and Kenya (with Field Support funds). Ministries of Health, ECSA, and FHI 360 conducted the assessments with support from Core funds (FCO 890043) and co-funding from this FCO/subproject.
This subproject will also support other technical assistance in the Africa region. PROGRESS and Africa Bureau staff will work together to identify areas for technical assistance that match the priorities of both. Note that funding for this subproject was for a single year ending in September 2011. However, additional funding was received for Year 4, which will be used in Year 5 as well.

Collaborating Agency(s): East, Central and Southern African Health Community (ECSA); Ministry of Health, Kenya; Ministry of Health, Rwanda; National Family Planning Technical Working Group (FPTWG)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- For additional accomplishments prior to July 2011, see previous annual reports.
- The Rwanda MOH & USAID/Africa Bureau requested PROGRESS to conduct an assessment of adolescent reproductive health (ARH) that would contribute to the development of a national policy & strategic plan for ARH, working with the FPTWG.
- A consultant (M. Marx) began working in 2010. USAID/Rwanda provided $20,000 in Field Support funds (FCO 892034), & GiZ supported a stakeholder workshop. The Rwanda ARH Assessment

report was completed (M2011-45). The Policy & Strategic Plan was agreed upon by the ARH TWG & began a process of approvals from various ministries.
- PROGRESS provided technical assistance on the ECSA CBFP project (see FCO 890043), working on Malawi, Zimbabwe, Lesotho, & Uganda assessment teams & drafting these four country reports.
- Finger & Kuyoh attended the ECSA regional meeting in June 2011 to synthesize the assessments & develop a regional report.
- This subproject supported Phase 1 of an adolescent & youth sexual & reproductive health (AYSRH) assessment activity in Kenya. A consultant (Kuyoh) led a descriptive desk review of current programs, a stakeholder forum to discuss the review, & a report from the stakeholder meeting (M2011-35). Phase 1 laid the groundwork for Phase 2, working with Kenya field support funds: developing a strategy & complementing the efforts by the NCAPD, which is reviewing the current AYSRH policy (see FCO 892038).
- The Africa Bureau requested that PROGRESS coordinate two case studies working with the local MOHs & USAID Missions in Rwanda & Ethiopia. These case studies (along one on Malawi, led by EngenderHealth) were designed to show how the countries have made dramatic progress in increasing CPR in recent years.
- For each country, Finger & a consultant worked with the MOH point person on a desk review & conducted interviews with approximately 25 stakeholders in each country.
- PROGRESS drafted summaries of the case studies & worked with the Rwanda & Ethiopia teams to develop PowerPoint presentations, which were given at the Africa Bureau meeting in Dakar (Nov. 2011). Maggwa presented a synthesis of the lessons learned from the case studies.

Past Six Months:
- Finger compiled the draft case study summaries for Ethiopia, Rwanda, and Malawi, along with the PowerPoint presentations from the Dakar meeting, into a single synthesis summary for the USAID/Africa Bureau. He guided the review process with the country MOHs and USAID Missions in Ethiopia and Rwanda and thru EngenderHealth with Malawi.
- Phase 2 of the AYSRH work in Kenya has continued, utilizing field support funds (FCO 892038).
- The Rwanda National Policy and Strategic Plan for ARH were approved by the Rwanda MOH.
- PROGRESS has participated in preliminary planning for the next USAID/Africa Bureau regional meeting, scheduled for November 2012 in Tanzania. Separate funding and a new FCO/subproject will be established for support provided to that meeting.
- The Africa Bureau also approved the use of these funds for a south-to-south learning tour on CBFP, with Zambia stakeholders traveling to Rwanda to see how that country's CBFP scale up process is working.

Year 5 Workplan:
- The synthesis report on the three case studies will be completed, working with the Africa Bureau. This will include production, printing and dissemination in the three countries (Ethiopia, Malawi, and Rwanda) and to various USAID and global audiences.
- PROGRESS will support a south-to-south learning tour of CBFP services in Rwanda with Zambia stakeholders, supported partially by this FCO/subproject (see also FCO 892040).
- This FCO/subproject will also partially support a pre-conference symposium to the annual ECSACON meeting on increasing health care access for rural underserved populations through community-based family planning, including the provision of injectables. See also FCO 890136.
- To support implementation of the Rwanda ARH Policy and Strategic Plan, PROGRESS will use the remaining funds under FCO 892034 (Rwanda Field Support) to print and disseminate the ARH Training Manual. This will be cost-shared with GIZ, which had also helped to fund the development of the Policy and Strategic Plan.

Findings and Outcomes:
- Adolescent and Youth Sexual and Reproductive Health assessments were conducted in Rwanda and Kenya). Final reports from each are available (Rwanda M2011-45 & Kenya M2011-35). Both are leading towards development of national strategies and policy updates.

- The ECSA community-based family planning assessment project was completed with a regional report and country reports (see FCO 890043).

Addressing the Sexual and Reproductive Health of Youth and Adolescents in Kenya

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892038	8/1/2011		JLiku

Objective(s): To provide technical assistance to the Division of Reproductive Health (DRH) and partners to identify proven and promising practices/models for addressing the sexual and reproductive health (SRH) needs, particularly family planning, among youth and adolescents in Kenya.

Description: This subproject will build on a recent review of adolescent and youth programs focusing on how the health sector can take a stronger role in sexual and reproductive health (SRH) information and services, and work with other sectors in a complementary fashion. Conducted with USAID/Africa Bureau support through FCO 892028, the recent review was undertaken on behalf of the Kenya Division of Reproductive Health (DRH) and includes a review of current adolescent and youth projects/activities supported by various stakeholders in Kenya. With field support funding, this subproject is a follow up initiative to improve the sexual and reproductive health of adolescents and youth. It seeks to identify proven and promising practices/models or appropriate entry points for SRH services among youth and adolescents that could be initiated or scaled up. These will form part of an operational strategy to guide services.

Collaborating Agency(s): Division of Reproductive Health; Ministry of Health, Kenya

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- Initial support for this work, through October 2011, was provided by FCO 892028.
- The activity was introduced to the ASRH TWG in June 2011 and members discussed collaboration on the descriptive review and mapping.
- A consultant was hired in July 2011, and a descriptive review of current ASRH programs in Kenya was developed in July/August 2011.
- Preparation of a draft report began in August 2011.
- PROGRESS conducted select interviews with ASRH stakeholders in August and September 2011.
- A stakeholders forum was held in Sept 2011, at which results of the ASRH descriptive review and mapping were shared.
- PROGRESS staff met with the DRH point person and discussed phase two activities in October 2011.
- A phase 2 concept paper on development of the youth strategy was developed.
- In November 2011, PROGRESS participated in a DRH/NCAPD meeting to discuss the assessment of the Youth Policy Plan of Action (POA) and related activities and shared plans for development of the national youth strategy.
- The phase one report was finalized in December 2011 (M2011-35).

Past Six Months:
- The phase one report was submitted to the DRH for distribution to stakeholders.

- The phase two concept was finalized, and aligned to activities of the Youth Policy Plan of Action (POA) assessment and subsequent review of the current Youth Policy.
- FHI 360/Kenya continued to work with the DRH and AYSRH TWG, which included participating in meetings and review of data collection instruments for the Youth Policy Plan of Action (POA) assessment.
- In collaboration with DRH, a consultant (M. Kuyoh) for the second phase was hired.
- Draft data collection instruments were prepared.
- Staff identified research assistants (RAs) and planned for their training.

Year 5 Workplan:
- PROGRESS will continue to work with the DRH and AYSRH TWG.
- A taskforce meeting will be held to develop criteria to identify evidence-based interventions (EBIs)/promising approaches that can be translated into an operational strategy.
- Data collection instruments will be finalized.
- Training of research assistants will take place.
- Data collection will take place, as well as data entry, cleaning, and analysis.
- Staff will conduct regional and national stakeholder workshops to disseminate findings.
- A costed evidence-based strategic implementation framework will be developed by December 2012.

Research Utilization Technical Assistance to Tanzania

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890040	7/9/2009		TPetruney

Objective(s): To facilitate the introduction and roll out of evidence-based best practices for family planning in Tanzania.

Description: Tanzania has been identified as one of a few key countries for targeted research utilization support and capacity building within the PROGRESS project. Under this subproject, PROGRESS staff will work with the Tanzania Ministry of Health, the national family planning technical working groups (FPTWG), which is chaired by the Ministry of Health and includes representation from reproductive health development and implementing partners, and the USAID mission, to facilitate utilization of best practices in family planning.

Collaborating Agency(s): EngenderHealth; Family Planning Technical Working Group (FPTWG); National Institute of Medical Research (NIMR-Tanzania)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- For accomplishments prior to July 2011, please refer to previous PROGRESS annual reports.
- PROGRESS handed off 1,600 copies of the revised FP Procedure Manual and 900 copies of the Short-Acting Methods Module of the revised Training Curriculum to the Ministry of Health.
- In October 2011, FHI 360 conducted a meeting with the National Institute for Medical Research (NIMR) to review the CRTU-funded ADDO assessment report, and discussed next steps for conducting related advocacy and activities (to be funded by PROGRESS).
- Also in October 2011, in collaboration with the FPTWG, an MOH-endorsed taskforce was formed to lead the revision of the 1994 National FP Policy Guidelines and Standards. At the first meeting, FHI 360 was named the Secretariat.

- In November, two consultants were recruited to review the Policy Guidelines and develop an evidence-based list of changes to be made. PROGRESS and EngenderHealth will share the cost of the consultants.
- In December 2011, the task force had a joint meeting with the consultants to discuss the work plan and expected deliverables; work is slated to begin mid-January 2012.
- In December, S. Mujaya presented the abstract entitled "Examining the potential for accelerating access to FP services through drug shops (ADDOs) in Tanzania" at the International Conference on Family Planning (ICFP) in Dakar.
- Staff continued to disseminate the updated FP Procedure Manuals, including during FP/HIV service providers' trainings that were conducted in different regions hosted by FHI 360 (funded by PTA) and other partners.

Past Six Months:

- The team worked with Pathfinder to support the Dakar ICFP Report Back Meeting in February 2012.
- Work continued with NIMR on the report from the CRTU-funded ADDOs assessment.
- FHI 360 shared the final Advocacy Package for re-approval from the MOH (due to a change in leadership).
- In February 2012, FHI 360 hosted a 'meeting of the minds' session with key partners and the USAID Mission to share results from the pregnancy test study and discuss how results may be useful for Tanzania. Follow up was conducted with partners; PSI is planning to introduce pregnancy testing in its outreach activities and to monitor uptake. A concept for mission consideration, "Know your Dual Status," was developed by FHI 360 to promote pregnancy testing in VCT (for support under the FHI 360 PTA award).
- In May 2012, FHI 360 began development of an advocacy strategy to advocate for the inclusion of DMPA in the ADDO list of prescription medicine. The key recommendation in the advocacy is for injectables to be sold in ADDOs and administered by trained staff in health facilities. In June 2012, staff began developing a scope of work for a consultant to lead interviews with key informants to inform the direction of the strategy.
- In May 2012, FHI 360 oriented 28 additional Zonal Trainers on FP Module 1 and the new National FP Procedure Manual. The trainers represented all 3 USAID zones in Tanzania mainland.
- FHI 360 participated in task force meetings to review the National FP Policy Guidelines currently under revision.
- The development of an analytical framework to guide review of operational policies and associated barriers was completed. Consultants conducted field visits to collect information on operational policy barriers.

Year 5 Workplan:

- FHI 360/Tanzania staff will participate in the FPTWG and other key taskforces.
- FHI 360 will continue promoting the use of the National Advocacy Package for FP Champions, including by leveraging opportunities presented during planned "data for decision-making" orientations coordinated through separate projects.
- Staff will continue to support the MOH with dissemination and training of zonal trainers on the National FP Training Curriculum (Module 1) and Procedure Manual.
- The ADDO assessment report will be finalized with NIMR; a manuscript for publication will be considered.
- FHI 360 will continue to support the MOH with updating the National FP Policy Guidelines.
- FHI 360 will also continue discussions with the MOH conducting an advocacy campaign on expanding the method mix in ADDOs, including the sale of injectable contraceptives, and other potential RU activities (see also FCO 890029).

Findings and Outcomes:

- In 2010-2011, PROGRESS supported the Tanzania MOHSW to update their National Family Planning Training Curriculum, Module 1 Short-Acting FP Methods (M2011-48), and the National Family Planning Procedure Manual (M2011-49).

- In 2010 – 2011, PROGRESS supported the MOHSW to develop and print the Advocacy Package for FP champion (M2011-63).

Supporting Revitalization of Family Planning Programs in Senegal

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Senegal

FCO	Approved	C&G Closure	Tech Monitor
892046	9/29/2011		BSow
892029	10/6/2010		BSow
892016	7/9/2010		SDiop
890051	8/3/2009		TZan

Objective(s): 1) To build capacity of the MOH/DSR for evidence-based decision-making; 2) to update FP policies and procedures; and 3) to expand access to family planning through community-based provision of services.

Description: PROGRESS was invited by the USAID Mission to work in Senegal. The Mission is particularly interested in building capacity within the Ministry of Health Department of Reproductive Health (DSR) to be able to incorporate evidence-based practices into policies and services and to be able to effectively coordinate and plan FP/RH activities among implementing partners. As part of this work, PROGRESS will assist the DSR with updating policies and procedures to be in line with most current WHO guidance and to reflect accepted best practices. In addition, PROGRESS will assist the DSR and partners to expand access to community-based family planning, specifically by adapting and scaling-up community-based distribution of oral contraceptives and potentially DMPA. Other RU priorities will be decided on in conjunction with the DSR.

Subgrantee(s): MOH Division of Reproductive Health (DSR)
Collaborating Agency(s): CEFOREP; ChildFund International; Implementing Best Practices Initiative (IBP)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- For additional activities prior to June 2011, see previous PROGRESS Annual Reports.
- After the initial assessment of the CBD of pills pilot (OIP), ChildFund trained additional CHWs in 2011. However the DSR deprioritized OIP scale-up in favor of focusing on injectables, to be picked up again in 2012.
- PROGRESS supported the DSR to begin preparing a protocol to examine feasibility of introducing DMPA IM at a community level, prior to the study beginning (See FCO 890134).
- S. Diop continued to provide overall technical support to the DSR on a number of issues, including a national audit of the FP M&E system, preparations for the Ouagadougou Conference, preparations for the 2011 International Conference on Family Planning (ICFP) in Dakar, development of a Senegal-specific ENGAGE advocacy video, support to the Ministerial Leadership Initiative (MLI) team-building initiative, and overall coordination and management of the DMPA IM and Depo-subQ studies.
- PROGRESS continued discussions with key stakeholders around the Depo-subQ in Uniject study (FCO 890124).
- J. Stanback traveled to Senegal in April 2011 to work with Diop, B. Sow, and partners at DSR, ChildFund, CEFOREP, etc. to plan for the DMPA IM study (see FCO 890134).

- The subagreement with DSR was renewed in Sept 2011, with a continued focus on organizational and logistical support, team building (with MLI), partner coordination, as well as the potential for introduction of m4RH as part of adolescent reproductive health progamming and newly requested technical assistance on advocacy for FP.
- CEFOREP presented on the OIP pilot at the 2011 ICFP.
- PROGRESS collaborated with K4Health to support the DSR to develop a website, which went live in November 2011.
- T. Zan and T. Orr traveled to Senegal for ICFP (co-funded with multiple FCOs) and stayed on to provide technical assistance for the DMPA IM study and to continue discussions on the website, OIP scale-up, and introduction of m4RH.
- Diop and B. Sow participated in the PROGRESS Management Review held in Dec 2011 in Dakar.
- One-page overview briefs were developed for the DMPA IM and Depo-subQ studies to share with stakeholders.

Past Six Months:
- PROGRESS continued to provide technical and coordination support to the DSR to finalize the study design and begin implementation of the CBD of DMPA IM study (see also FCO 890134).
- S. Diop regularly participated in the contraceptive security committee meetings.
- S. Diop helped liaise with the DSR and CEFOREP around preparatory trainings for the Depo-subQ in Uniject study (see also FCO 890124).
- PROGRESS was involved in discussions with the E2A project, USAID/W, USAID/Senegal, and the IBP Initiative to hold a workshop focused on scaling-up best practices (which ultimately did not occur). J Stanback traveled to Senegal in April 2012 to be present for the workshop and to provide TA for the two DMPA studies.
- The Mission requested that PROGRESS provide assistance to the DSR to develop a costed implementation plan (CIP) for the national FP program in Senegal. This activity was merged with the McKinsey-led country preparations for the July 2012 London FP Summit, such that an abbreviated version of a CIP was developed in the short timeframe available. PROGRESS hired a local consultant to assist the DSR to cost activities. J. Stanback traveled to Senegal in June 2012 to provide assistance to the consultant and for the larger strategic planning process. HQ staff, including R. Homan, also provided input and feedback.

Year 5 Workplan:
- PROGRESS will continue to provide technical assistance as part of the preparation for the July 2012 London FP Summit.
- PROGRESS will continue discussions with the DSR and the Mission regarding the need for a more comprehensive costed implementation plan for FP following the London Summit.
- S. Diop will continue to provide support and coordination for the two DMPA studies, including dissemination of results nationally and globally, and developing scale-up plans. This may involve writing research briefs and presenting at relevant conferences.
- PROGRESS will support a consultant to conduct a landscape analysis of OIP scale-up that has occurred since the pilot ended in order to help strategically plan for more systematic and nation-wide scale-up.
- PROGRESS and the DSR will discuss the feasibility of launching m4RH with another partner prior to the end of PROGRESS.
- If IBP moves ahead with Senegal as a focus-country, PROGRESS will collaborate on scale-up related activities.
- PROGRESS will work with the DSR and the Mission to identify a mechanism to continue funding S. Diop's position at the DSR.
- PROGRESS will support the dissemination of the revised RH Policies, Norms, and Procedures, at such time as the DSR is ready.

Findings and Outcomes:
- The OIP assessment found that matrones are capable of initiating pill use among women and can adequately manage resupply and side effects. Based on these results, the government approved

CBD of pills and injections by matrones, a change reflected in the revised national RH policy, norms and procedures document (PNP).
- A website for the DSR went live in November 2011, providing access to resource documents (such as training manuals and PNP), key research, and updated news and activities of the DSR.

Technical Assistance for Research Utilization in Kenya

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890136	6/10/2011		MSolomon

Objective(s): 1) To provide technical assistance to the Division of Reproductive Health (DRH) and its partners to strengthen evidence-based family planning programs and policies in Kenya; and 2) to enhance PROGRESS contributions to global technical leadership with Kenya country input and experience.

Description: Kenya is a key country for PROGRESS research utilization (RU) technical support and capacity building. Leveraging investments made and capacity built through the CRTU focus country program, PROGRESS staff will provide ongoing technical assistance to the DRH and its partners to support uptake of high impact practices in family planning and translation of research evidence into programs and policies.

Collaborating Agency(s): Division of Reproductive Health

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- Support was provided to the Kenya Division of Reproductive Health to present on and discuss community-based family planning at the annual Kenya Midwives Association conference in September (co-funded with FCO 892015).
- This subproject supported FHI 360/Kenya and a broader Kenya delegation attendance at and participation in the 2011 International Conference on Family Planning in Dakar (co-funded with multiple other FCOs).

Past Six Months:
- G. Vance traveled to Kenya in February 2012 to support PROGRESS activities (cost-shared with other FCOs).
- PROGRESS developed a concept to expand the newly launched and revamped DRH website to function as a more interactive and dynamic outreach tool on information and networking for the FP community. (The DRH website was revamped through the K4Health project, with FHI 360 (a K4Health partner) leading the process in Kenya.) PROGRESS and the FHI 360/K4Health team worked together to develop the concept for expanded use of the website, and the DRH approved the general concept. The website has since been updated with new research updates, relevant news and RH documents.
- In April 2012, DRH and PROGRESS staff participated in the eHealth Conference held in Nairobi, Kenya that focused on integrating mhealth into ehealth strategy implementation in Africa. The Conference aimed to identify best practices and lessons learned from stakeholders that are in the process of developing or have already developed national ehealth strategies. The ultimate goal of the Kenya Government, through the Department of ehealth (under the Ministry of Medical Services), is to collaborate with stakeholders to develop and coordinate various electronic health tools and implementation approaches.

Year 5 Workplan:

- Staff will continue to update the DRH website with new research updates, relevant news, and RH documents, working collaboratively with the K4Health team.
- A workshop will be held to engage journalists, linking them with existing RH resources such as the revamped DRH website. The website will be positioned as a relevant source of up-to-date information and news on RH issues that the journalists can access.
- A. Olawo will travel to FHI 360/NC in August/September 2012 to work on various RU activities, including sharing experiences from Kenya on efforts towards CBA2I policy change, m4RH partner engagement, monitoring scale up, and managing the PROGRESS portfolio.
- FHI 360/Kenya will continue to provide technical support to the national family planning technical working group (FPTWG) and the DRH's annual operating plan (AOP) priorities, as well as other opportunities as identified with the Division of Reproductive Health and other partners.
- Presentations will be made at annual meetings of the Kenya Obstetrics and Gynecology Society (KOGS), National Nurses Association of Kenya (NNAK), and other professional associations in Kenya to accelerate uptake of FP best practices.
- PROGRESS/Kenya will create and capitalize on opportunities to accelerate replication and scale up of FP best practices through the APHIA plus bilateral programs.
- PROGRESS/Kenya and HQ staff will work with ECSA, ECSACON, and the Kenya Chief Nursing Officer to convene a one-day pre-conference symposium, "Reaching the Hard-to-Reach with Family Planning," taking advantage of delegates coming to the three-day ECSACON conference (September 2012 in Mauritius) to focus on nurses' roles in expanding access to community-based family planning and obtain recommendations on the way forward which can be presented in plenary during the main ECSACON Conference. The symposium and participation of attendees is being cost-shared by FCOs 892028, 892015, 890043, and other FCOs.

Capacity Building for the Division of Reproductive Health

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892039	8/4/2011		AOlawo

Objective(s): The overall goal of this subproject is to provide responsive cross-cutting technical support and build capacity at the Kenya Division of Reproductive Health (DRH) to enhance the performance of the national family planning program and achieve the Division's Annual Operating Plan (AOP) priorities. Specific objectives are to support: 1) DRH technical committees and processes, including the Reproductive Health Interagency Coordinating Committee (RH ICC) and AOP development; 2) DRH staff participation at key national and regional scientific conferences and other professional development or training opportunities; and 3) response to new and emerging national RH priorities/activities, such as the Global Health Initiative (GHI) and Rapid Response Initiatives (RRIs).

Description: Over the past several years, FHI 360's strong collaborative relationship with the Division of Reproductive Health (DRH) has strengthened systems and contributed to Kenya's national FP/RH agenda. FHI 360 continues to serve as a key technical resource and critical source of support for DRH at the national level, including providing ongoing technical support to increase access to long-acting and permanent methods (FCO 892020), enhance community-based family planning (FCO 892015) and develop a FP costed implementation plan (FCO 892021). In addition to providing assistance to DRH to advance these specific priority initiatives, FHI 360 also continues to provide critical technical assistance and capacity development to advance cross-cutting DRH priorities at the national level. Through this field support-funded subproject, FHI 360 will provide institutional-level technical support to the DRH for Family

Planning Technical Working Group (FPTWG) activities, Reproductive Health Interagency Coordinating Committee meetings, and other priority technical working group initiatives. Also, FHI 360 provided technical assistance and coordination for Kenya's country delegation attending the International Conference on Family Planning (ICFP) in Dakar, including providing support for DRH officials to participate. Lastly, FHI 360 will remain responsive to DRH and USAID/Kenya requests to provide technical assistance for new and emerging national FP/RH priorities.

Collaborating Agency(s): Division of Reproductive Health

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- In October 2011, PROGRESS supported publication of a Ministry of Health statement in a leading newspaper (the Nation) to clarify the issue of hormonal contraceptives and risk of HIV acquisition/transmission.
- In October 2011, FHI 360 supported the hosting of a pre-Dakar strategic partners' meeting for participants attending the International Conference on Family Planning (ICFP) in Dakar. Thirty-three people attended and strategized on how to attend the different sessions at the conference. A post-Dakar meeting to report back was planned.
- In November 2011, PROGRESS supported 20 Kenyan delegates (from the Ministry of Health, the National Coordinating Agency for Population and Development, the National Assembly and one from FHI 360) to attend the ICFP.

Past Six Months:

- PROGRESS hosted a post-ICFP/Dakar breakfast meeting for 24 people.
- Support was provided to the DRH Annual Operational Plan 8 (AOP 8) meeting for 35 staff for 5 days.
- PROGRESS provided TA to DRH to convene two maternal and newborn health technical working group (MNH TWG) meetings.
- PROGRESS supported the DRH to conduct support supervision for 21 facilities in Central province.
- PROGRESS worked with DRH to review the national facilitative supervision tool and developed a checklist for ensuring quality supervision.
- Family planning service providers in 9 selected facilities were oriented on the revised FP first visit card and the return visit client card; copies were provided for use for a period of two months as part of the field testing of the cards.
- PROGRESS pre-tested and revised the facilitative supervision tool during follow up of service providers trained earlier on LAPMs (see also FCO 892020).
- This subproject contributed to the training on longer-acting and reversible contraception of 18 service providers from Western province.

Year 5 Workplan:

- PROGRESS will support priority DRH meetings and technical working groups as outlined in the Division's Annual Operating Plan (AOP), including the FPTWG and Reproductive Health Interagency Coordinating Committee.
- DRH will be supported to conduct support supervision visits in the Western, Eastern and Coast provinces, jointly with the LAPM activity (FCO 892020).
- The family planning client card (first visit and revisit) will be finalized, working with additional feedback from stakeholders. The facilitative supervision tool and checklist will also be finalized.
- PROGRESS will support DRH to conduct the Standard-Based Management and Recognition (SBMR) training for Rift Valley.
- FHI 360 will remain responsive to DRH requests to provide technical support for new and emerging national RH priorities, such as Rapid Response Initiatives (RRIs).

Findings and Outcomes:

- The revision of the supportive supervision tool and development of a checklist will contribute to ensuring focused and quality supervision. The new family planning 1st visit and revisit client cards will

fill a gap that has existed for a while and that hindered provision of quality services, especially given that record keeping plays a key role towards ensuring quality.

Technical Assistance for Research Utilization in Rwanda

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
892054	3/2/2012		JWesson
892012	1/13/2010		JWesson
890045	7/9/2009		LWynne

Objective(s): 1) To provide technical assistance to the Rwanda Ministry of Health (MOH) and partners to facilitate the uptake of evidence-based policies and programs; 2) to facilitate PROGRESS contributions to global technical leadership with input and experience from the field; and 3) to work with in-country stakeholders to identify remaining research needs and feed those back into PROGRESS workplans.

Description: Rwanda has been identified as one of a few key countries for targeted research utilization (RU) support and capacity building within the PROGRESS project. Under this subproject, PROGRESS staff will work with the Rwanda Ministry of Health, the national family planning technical working group (FPTWG), which is led by the Ministry of Health, with the participation of reproductive health development and implementing partners, and the USAID mission, to facilitate utilization of best practices in family planning.
Field support funding from the USAID Mission in Rwanda has been leveraged towards this activity. For FY2010, funds were provided to support a process evaluation of the first phase of the scale-up of the community-based family planning program (FCO 892012). For FY2012, funds were provided to support postpartum family planning research utilization work, to build on the multiple PROGRESS research studies that addressed this topic in Rwanda (FCO 892054).

Collaborating Agency(s): Intrahealth; Ministry of Health, Rwanda; National Family Planning Technical Working Group (FPTWG)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional accomplishments.
- An English translation of the National FP Training Curriculum was completed.
- A Technical Update on PPFP was conducted for Rwanda's Medical (Doctors and Nurses) Associations, MOH staff, and partners.
- In Jan 2010, PROGRESS coordinated a study tour for 5 people to observe Kenya's successful ACCESS-FP PPIUCD program (FCO 890008).
- Training for 3 physicians in no-scalpel vasectomy (NSV) with cautery and facial interposition was conducted (via consultant - CRTU-funded) and a training evaluation, including consultation with clients, was completed. MOH requested continued TA to expand access (FCO 890033).
- TA was provided to develop materials to train 3,000+ CHWs in the 3 Phase I districts of the community-based provision of FP (CBP) roll-out. FHI 360 helped MOH develop a low-cost M&E plan for Phase I to inform national scale-up of CBP and provided TA to analyze data.
- Feedback was given on a job-aid to assist non-FP providers to offer basic information about FP to clients.
- Staff worked with the FPTWG to identify and prioritize post-dissemination steps of the "Barriers to Expanded Contraceptive Use in Rwanda" study results (FCO 890007) and collaborated with IntraHealth to disseminate results to targeted audiences.

- In April 2011, focus group discussions (FGD) with CHWs and supervisors were held to assess their experiences providing FP. The MOH Community Health Desk and FHI 360 completed a process evaluation of the CBP implementation in the 3 Phase I districts. The results were shared with the FPTWG and presented at the ICFP (Dec 2011).
- Wesson participated in a USAID Regional FP Meeting as part of the Rwanda delegation (July 2011).
- With PROGRESS funds, FHI 360 and MOH staff attended ICFP. Presentations on the CBP program, PPIUCD activity (FCO 890008), and NSV program (FCO 890033) were given.
- A data collection exercise was designed to determine the patterns of implant and IUCD insertion and removal in selected health facilities in response to anecdotal evidence suggesting that women are having IUCDs removed after a short period. Other groups participated through their own funding.

Past Six Months:
- In a collaborative analysis process, the team conducting the Jadelle and IUCD removal assessment concluded that there did not appear to be a problem with early removals. Results were presented at the FPTWG in Jan 2012 and to the larger Maternal Child Health TWG in May 2012. See main outcomes below.
- FHI 360 gave a presentation to the FPTWG on global efforts to meet FP need in the postpartum period, along with data from two PROGRESS studies demonstrating women in Rwanda do not understand postpartum return to fertility or when LAM is protective. The FPTWG established a sub-committee to address these findings.
- FHI 360/Rwanda continued to participate in FPTWG meetings.

Year 5 Workplan:
- FHI 360 will provide capacity building to the MOH to support selected elements of the national FP strategy, including a focus on postpartum FP (demand and supply side). Specifically, FHI 360 may conduct additional PPFP technical updates for providers and will assist with the development and implementation of the potential expansion of PPIUCD plans in Rwanda (co-funded with FCO 890008).
- FHI 360 will continue disseminating results of the non-use study to different audiences.
- FHI 360 will continue to contribute to the scale-up of vasectomy services, including possibly developing FP IEC materials targeted at men (co-funded with FCO 890033).
- FHI 360 and the MOH will continue to co-chair the FP TWG sub-committee on return to fertility. However, due to various constraints, the development of return to fertility and PPFP messages for clients and providers will no longer be prioritized.
- As a complement to the CBP process evaluation (FCO 892012), a sub-objective related to the impact of the CBD program has been added to a study on CHW workload (FCO 890147) and is being partially supported by field support funds (FCO 892047). The findings will be disseminated at the anticipated dissemination meeting, tentatively scheduled for January 2013.
- FHI 360 and the MOH will co-convene a PPFP meeting in Rwanda for the dissemination of the PPIUCD (FCO 890008) and FP/Immunization (FCO 890028) findings. This meeting, scheduled for October 2012, will be linked to the MCH TWG and will emphasize developing recommendations that can be implemented and scaled up.
- FHI 360, along with the MOH and other implementing partners, will host study tours from Liberia and Zambia, focused on scale up of community-based family planning.
- A case study on the scale up of community-based family planning and the wide range of partners who have been involved may be developed.
- One MOH staff member will be supported to travel to the ECSACON Conference and PROGRESS-sponsored pre-conference symposium in Mauritius in September 2012.
- Field staff will maintain a key presence at FPTWG meetings, organizing local conferences on MCH and community health, and supporting the FPTWG with their national annual family planning workplan.

Findings and Outcomes:
- CBP Process Evaluation (FCO 892012):

- From Mar-July 2010, 3,146 CHWs were trained. Of those, 64% were certified to provide injectable contraceptives. In the first 10 months of service provision, 109,893 clients were served in 3 districts: 59% received injectables, 27% received OCs, 13% received condoms, and 0.4% received SDM.
- The FGDs with CHWs offered 7 key findings: 1) CHWs should be of reproductive age, either male or female; 2) An official introduction of the program and trained CHWs is important to garner community support and confidence in the service; 3) Practical training sessions are most important and the most complicated to organize. Trainings should be longer to include more time in supervised practice; 4) CHWs should be trained to give counseling on all methods, not just those they provide; 5) Supervision visits should occur in the CHW's village to strengthen skills and reinforce the credibility of the program; 6) Occasional opposition by religious leaders may be reduced with buy-in from political leaders; and 7) Difficulty exists with keeping required materials in stock when CHWs live far from the facility.
- Implant & IUCD Removal Assessment:
- The FPTWG, in a 1-year retrospective assessment of removal patterns of implants and IUCDs in 57 health facilities, found that of the proportion of the total number of implant users, 3.4% had their implants removed. As a proportion of the total number of IUCD users, 4.2% had their IUCDs removed. Conversely, the number of new users of implants and IUCDs increased. Among 11,035 continuing users, 23% were new to the method. Among 1,504 continuing IUCD users, 56% were new to the method. Increases in new users corresponded directly with trainings and supportive supervision visits. Districts that did not receive these activities had much smaller increases in new users.
- Side effects, particularly spotting and excessive bleeding, was the most common reason for removal. However, 37% of removals of implants and 12% of removals of IUCDs were due to a desire for pregnancy or the expiration of the method. This may imply client satisfaction, as women using these methods had family planning when desired.
- Pills were the most commonly adopted method after IUCD and implants (47%). Because there was no documentation for 27% of the clients who accepted a FP method other than IUCD or implant, a firm conclusion cannot be made whether oral contraceptives were chosen because of the unlikely side effect of bleeding.

Capacity Building for Research Utilization in Uganda

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
890138	6/23/2011		PWamala
890135	6/10/2011		BFinger

Objective(s): 1) To enhance local capacity and foster an enabling environment for research utilization (RU) in family planning; 2) to respond to USAID/Uganda and the Uganda Ministry of Health (MOH) requests for RU technical assistance that aligns with PROGRESS objectives and USAID High Impact Practices (HIPs) for improving uptake and utilization of FP services; and 3) to facilitate application of research findings generated through PROGRESS research.

Description: Utilization of research results is central to evidence-based policy and practice. Research on research utilization (RU) suggests that RU is more likely to happen with credible sources of research findings, with whom potential users have established relationships and/or for whom they have high levels of respect. This activity will increase communication between technical experts and decision makers; and support ongoing and new local expertise and champions to help facilitate and institutionalize a supportive environment for RU at the national level in Uganda. The supportive environment created will facilitate PROGRESS's work to apply research findings generated through its research and existing best practices.

In addition, as we implement various PROGRESS activities, issues will emerge that require a quick turn-around for technical assistance. This subproject will provide the mechanism through which FHI 360 will be able to rapidly respond to emerging technical assistance needs from the MOH and USAID/Uganda.

Collaborating Agency(s): Ministry of Health, Uganda; National Family Planning Technical Working Group (FPTWG)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- The PROGRESS/Uganda team met with the Ministry of Health (MOH) and identified RU and capacity building priorities.
- The team developed a timeline for reviewing, updating and modularizing the national community-based family planning (CBFP) training curriculum, working with the MOH and a multiagency team.
- The PROGRESS/Uganda team met with the Uganda National Health Research Organization (UNHRO) to clarify FP research and RU needs.

Past Six Months:

- A series of workshops of national FP trainers were convened in February and March 2012 to review and update the national CBFP curriculum. Technical assistance from FHI 360/NC was provided to finalize the curriculum, including work in NC and an on-site visit to Uganda from L. Harber. This included sharing resources and materials as examples of performance-based curricula, discussing learning objectives for the training, and working with the broader team to refine the training materials.
- PROGRESS also provided technical assistance to the Regional Center for Quality of Health Care (RCQHC) to build their capacity in CBFP including CBA2I (see also FCO 890080 and 890043.) This included a meeting between Harber and Dr. Getachew of the RCQHC to discuss needs related to a training of master trainers for ECSA country representatives.
- In May 2012, FHI 360/Uganda presented plans to the national FPTWG for technical assistance to the UNHRO and the Association of Obstetricians and Gynecologists of Uganda (AOGU) to develop a national FP research agenda and research utilization plan.

Year 5 Workplan:

- In July, a capacity building workshop will be held for the RCQHC team to prepare them for implementation of CBA2I technical assistance activities (see also FCO 890080 and 890043).
- In July and August 2012, PROGRESS will support the MOH to print 200 copies of the CBFP curriculum and associated job aids.
- In the same period, technical assistance will be provided to Marie Stopes/Uganda to scale up CBA2I.
- In August 2012, the PROGRESS/Uganda team will support the UNHRO to hold a workshop for setting a research agenda for reproductive health.
- The PROGRESS/Uganda team will continue to respond to FP technical assistance requests from the Ministry of Health, RCQHC, and USAID.
- PROGRESS will work with the MOH, USAID, STRIDES, and other key stakeholder to identify needs for RU and related capacity building that can be accomplished in the remaining timeframe of PROGRESS. These consultations will inform how to best focus the resources in the timeline available. The focus will be on strengthening existing systems to incorporate high impact practices, particularly CBFP.
- PROGRESS will participate in national fora that have a bearing on family planning in Uganda. These may include the World Population Day events, Family Planning Technical Working Group meetings, and the Safe Motherhood day events.

Advancing Evidence-Based Family Planning Programs and Policies in Uganda

Status: Complete *End Date: 3/31/2012*

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
892018	7/2/2010	3/15/2012	AAkol

Objective(s): 1) To expand the provision of Depo Medroxy Progesterone Acetate (DMPA) by trained community health workers (CHWs) into sub-counties (3 districts with 2 sub-locations in each district) that were not covered in the original 8 districts; 2) to strengthen the capacity of communities and local governments in 3 districts to manage the provision of injectable DMPA by trained community health workers; and 3) to support the strengthening of the policy environment to improve access to FP in the communities.

Description: The contraceptive prevalence rate in Uganda is only 18% and more than 40% of currently married women have an unmet need for family planning. Through the CRTU project, FHI 360 made important contributions to advance evidence-based family planning programs and policies in Uganda, particularly expanding access to community-based access to services. That work was continued under this PROGRESS activity in order to continue to strengthen the country's family planning programs and expand access for underserved groups. With fiscal year 2011 (Year 3) field support funds, PROGRESS worked in three districts (Busia, Kanungu, and Nakaseke) with two sub-locations per district, to support community-based family planning, including injectables.

Collaborating Agency(s): ACT-FP Project; Advance Family Planning Project; Johns Hopkins/CCP; Ministry of Health, Uganda; SURE Project; Wellshare International

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- For additional details from before December 2010, see previous annual reports.
- In Sept. 2010, PROGRESS/Uganda made a presentation to the Senior Management Committee of the MOH that resulted in a unanimous decision to amend the RH policy to include provisions for community-based access to injectables (CBA2I). On March 11, 2011, the MOH was supported to launch and disseminate the policy addendum.
- In Nov - Dec 2010, PROGRESS completed FP training (including DMPA) for 60 village health team members (VHTs) from Busia, Kanungu, and Nakaseke (20 from each district).
- Also in Dec 2010, Kanungu district was supported to hold refresher training with the VHTs in sub-counties that began implementation of CBA2I prior to PROGRESS.
- From Jan - March 2011, this activity provided FP to 1,940 clients, equivalent to 670 CYPs.
- Continuing medical education (CME) workshops for 60 FP service providers supporting VHTs were completed in March 2011.
- From Jan to June 2011, PROGRESS/Uganda continued to provide support to district health systems to manage CBFP. This support included supervision of VHTs and technical updates.
- In addition, 100 VHTs in Nakaseke and Kanungu were provided with service-delivery kits.
- From July - Sep 2011, this activity provided TA to the MOH to train 113 CHWs in FP provision, and provided FP to 3,889 clients, equivalent to 1,107.3 CYPs.
- During the same period, TA was provided to support the district health system to manage CBFP activities including CHW monthly meetings, district core team meetings and FP technical updates for CHWs.
- In Aug 2011, 5 community meetings and two radio shows were held to raise awareness and demand for FP.

- In Aug 2011, PROGRESS/Uganda staff participated in a gender integration workshop and developed a work plan for integrating gender into PROGRESS activities.
- In July 2011, A. Akol participated in a field learning visit and the USAID Regional Conference on Community Approaches to FP in Ethiopia and Nairobi. PROGRESS supported a youth delegate and a CHW to participate as well. PROGRESS also supported the MOH to develop a documentary on CBFP in Uganda, which was shown at the Conference.

Past Six Months:
- From January - March 2012, this activity supported work reported under FCO 892042, on training and supporting CHWs in 11 districts.
- In addition, PROGRESS/Uganda supported the MOH to conduct refresher trainings for 40 additional VHTs in 2 districts and supported 3 districts to conduct monthly technical supervision of VHTs, monthly core team meetings, and quarterly field supervision visits.
- This FCO and activity were closed in March 2012; any remaining funds were transferred to FCO 892042.

Findings and Outcomes:
- On September 16, 2010, a Senior Management Committee meeting of the MOH unanimously approved a policy revision to the Uganda National Reproductive Health Policy and Service Delivery Guidelines to insert provisions that promote CBA2I.
- Two sub-counties in each of three districts, Busia, Kanungu, and Nakaseke, were supported to introduce CBFP, including CBA2I. Village Health Team members were trained in FP service provision and support was provided on supervision, commodities, etc.

Research Utilization Technical Assistance in India

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
890042	7/9/2009		ECanoutas

Objective(s): To promote global strategic, evidence-based practices geared toward improving the family planning program in India, with a focus on spacing methods.

Description: In India, according to the National Family Health Survey of 2005-06, many couples who want to limit or space births are not using any method of contraception (estimated at 13% of couples or 30 million couples with unmet family planning needs). Unmet need for family planning is concentrated in the northern states of India, and it is estimated that 22% of this unmet need is concentrated in the most populous state, Uttar Pradesh (UP). This subproject will involve technical support to the Government of India (GOI) Ministry of Health and Family Welfare (MOHFW) and other FP partners in India to engage in a process of reviewing, selecting and adapting select global strategic, evidence-based practices geared towards improving the family planning program, with a focus on spacing methods. Examples of evidence-based practices that may be most applicable to India include WHO's Decision Making Tool for Clients and Providers; Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers and Community Leaders; Introducing Systematic Screening to Reduce Unmet Health Needs: A Manager's Manual; and Screening Checklists for Family Planning Methods. Evidence-based family planning strategies for promotion will also be selected from the USAID "High Impact Practices" list.

Collaborating Agency(s): Abt Associates; EngenderHealth; Family Planning Association of India (FPAI); Federation of Obstetric and Gynecological Societies of India (FOGSI); Hindustan Latex Family

Planning Promotion Trust (HLFPPT); Ministry of Health and Family Welfare, India; Population Council; Urban Health Initiative (UHI)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- For additional accomplishments prior to July 2011, see previous annual reports.
- In July 2010, FHI 360/India supported the USAID Mission's advocacy with the GOI to introduce DMPA in the national family welfare program. At USAID's request, FHI 360 drafted an advocacy brochure based on the latest global and local research findings on DMPA for policy makers, program planners and activists opposed to DMPA introduction.
- In March 2011, following the adaptation, translation (into Hindi) and printing of the Balanced Counseling Toolkit (BCT), FHI 360 sponsored a training of service providers in Lucknow on using this tool. Two trainers from Population Council trained 23 trainers from Abt Associates, FOGSI, ARC and UHI. At the training, trainers also prepared plans for replicating the training for providers using a cascade approach. Subsequently, Abt Associates trainers trained 2000 providers from the Sathiya Network in seven program cities in UP and Uttarakhand. Abt Associates funded this portion of the cascade training with separate funding. Copies of the translated BCT were provided by FHI 360.
- In June 2011, 500 of the Hindi version of the COCs, IUCD, DMPA and pregnancy checklists, and the DMPA re-injection job aid, were distributed to FPAI, HLFPPT, Abt Associates, UHI and MOHSW along with other NGO partners in Delhi and Mumbai. The checklists were also adapted by the UHI project for their providers in UP.
- In September-October 2011, Abt Associates re-disseminated the COC, IUCD, DMPA and pregnancy provider checklists to the Dimpa Network in UP, Uttarakhand & Jharkhand. HLFPPT re-disseminated these to their Merrygold Network.
- In November 2011, FHI 360 field tested a poster on vasectomy in FP clinics in Agra. Based on the feedback received, further modifications will be made to the poster.
- A consultant was hired as the RU Specialist in November 2011 to continue RU activities for PROGRESS. The consultant's scope of work will focus on establishing an e-forum on family planning for India, and to develop and/or promote additional evidence-based materials as appropriate.

Past Six Months:

- In April 2012, FHI 360 launched the India e-Family Planning (India e-FP), India's first e-forum on FP. Prior to the launch, a consultation was held with stakeholders to provide input on the structure and topics for the e-forum. To support the launch, a webpage was established on the PROGRESS website.
- The 1st e-forum topic was quality of care in FP. It ran from April 23-May 18, 2012. The second topic, on introducing injectable contraceptives into the public sector, ran from May 22-June 15. Issue briefs providing background & questions to stimulate discussion were developed & disseminated for both sessions. FHI 360 secured resource persons for the discussions from PSI, Jhpiego, FPAI & FOGSI. During the discussions, over 20 FP resources were shared on the forum, with active engagement from organizations across India. At the end of each discussion, a synthesis of issues discussed was compiled & shared with members & FP stakeholders.
- At the end of June 2012, there were 160 members participating & sharing resources on India e-FP.
- FHI 360 developed a brief on involving men in FP programs. The brief includes the importance of male involvement in FP, a summary of regional programmatic evidence regarding male involvement in FP, and available resources for program managers. FHI 360 will disseminate the brief & stimulate stakeholder discussion on the topic through appropriate advocacy channels, such as India e-FP.
- In partnership with EngenderHealth, FHI 360 completed a vasectomy poster informed by CRTU research results. The poster, once finalized & printed, will be exhibited in all Community Health Centers, Primary Health Centers, Sub-Centers, & Angan Wadi Centers where EngenderHealth & FHI 360's Urban Health Initiative is providing technical assistance on vasectomy. It will also be distributed to Advocating Reproductive Choices network members in Jharkhand & UP.

Year 5 Workplan:

- FHI 360 will continue to promote several existing evidence-based tools, curricula, job aids, etc. that support USAID's family planning high-impact practices, and, as appropriate and pending funding availability, provide TA to partners to use those materials. Special emphasis will be placed on promoting the results from PROGRESS studies ending in Year 5. The brief on Private Sector Providers and Family Planning in UP, Provider Checklists for FP methods, and the Balanced Counseling Toolkit, will be further distributed.
- FHI 360 will continue the India e-FP e-forum in collaboration with local partners. The e-forum will run for an additional three session and emphasize key family planning themes determined in consultation with partners.
- FHI 360 will continue its partnership with the USAID Mission to support the inclusion of injectables in the national FP program through evidence-based advocacy materials.
- Meetings will be held with the MOHFW and other relevant GOI health departments to determine need and scope of reviewing national FP guidelines, curricula and policies.

Capacity Building on Behalf of USAID/India on Family Planning Programs

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892026	10/1/2010	11/30/2010	KSrinivasan
892023	10/1/2010		SKhobragade

Objective(s): 1) To build the capacity of the FHI 360/India staff working on PROGRESS to enable identification of new concepts and ideas for research projects based on discussions with stakeholders and site visits; and 2) to identify opportunities for research and research utilization by holding cross learning visits to promote key findings of completed research projects.

Description: FHI 360/India will increase the visibility of PROGRESS activities, as supported by the USAID/India Mission and the Ministry of Health and Family Welfare (MOHFW), while building the capacity of FHI 360/India staff by presenting findings, sharing recommendations and promoting learning on research findings among stakeholders, national and regional working groups, policy makers and program managers. FHI 360/India will promote research and provide assistance in translating research findings into practice through provision of programmatic inputs. In addition, activities will assist in identifying areas for future research and research utilization through site visits and cross-learning visits to other programs. Participation in national and international conferences and advocacy at national and international platforms on family planning and reproductive health will be supported by this activity.
Note: FCO 892026 has been merged with 892023. 892026 is no longer active.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Three PROGRESS/India staff participated in the Asian Population Association Conference 2010 held at Vigyan Bhavan, November 17-20, 2010.
- Abstracts on the research findings from the Multiload-375 IUCD study and the FP/immunization study were prepared by the PROGRESS/India team for submission to the 2011 American Public Health Association Conference and 2011 International Conference on Family Planning and were accepted.
- A. Prabhughate participated in a three-day workshop conducted by the International Planned Parenthood Federation-South Asia Regional Office on "Engaging men in sexual reproductive health issues" in Nepal in March 2011. Participation in this event provided FHI/India with an opportunity to

understand the nature of work undertaken by other partners in the region and to network and engage with key stakeholders in the area of male involvement in family planning services.
- PROGRESS team members participated in training workshops on 'Gender in public health programs and research' and on 'Monitoring and evaluation' in July 2011.
- A scientific paper writing workshop was conducted in the FHI 360/India office in August 2011. It was partly facilitated by a PROGRESS India team member and partly funded by PROGRESS. Other PROGRESS team members participated in this workshop.
- PROGRESS staff participated in a workshop on 'Data Management' in September 2011.
- A presentation on the results of the Multiload-375 IUCD study was made by S. Basu at the International Conference of Family Planning in Dakar in December 2011.
- A PROGRESS team member was partially funded to attend a week-long Winter School at the University of Padova, Italy in December 2011. The theme of the workshop was Demographic Transition and Development in Rich and Poor Countries; a case study on India was presented.

Past Six Months:
- Two PROGRESS staff attended the International Conference on "Millennium Development Goals and Reproductive Health: Status and Interventions" in Mumbai in March 2012.
- Three PROGRESS staff attended a leadership development training workshop organized by FHI 360 in May 2012
- 200,000 IUCD cards were printed and supplied to the Ministry of Health and Family Welfare at their request.

Year 5 Workplan:
- Abstracts for submission to family planning conferences will be prepared as appropriate.
- PROGRESS staff will attend the Population Stabilization Conference organized by FOGSI on 7-8 July in Jaipur, India.
- PROGRESS staff may attend various internal trainings and capacity building workshops organized by FHI 360 or external groups, as well as relevant family planning conferences, meetings, and workshops, as and when opportunities arise.
- This activity will support the development and submission of articles in peer review journals for publication in 2012.

National Family Planning Symposium in Ethiopia

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Ethiopia

FCO	Approved	C&G Closure	Tech Monitor
892061	6/5/2012		ELebetkin

Objective(s): The main objective of this subproject is to support the Ethiopian Federal Ministry of Health (FMOH) to hold a National Family Planning Symposium in Ethiopia. The objectives of the Symposium are 1) To establish a platform for knowledge sharing and documentation of best practices in family planning and facilitate translating evidences to action; 2) To build upon the current success in expanding and utilization of FP services; 3) To reflect on renewed global commitment for FP and reaffirm national commitment; and 4) To promote strategic partnership among all stakeholders.

Description: Over the past decade, the Ethiopian Federal Ministry of Health (FMOH) has put a strong effort and committed a large amount of resources into expanding family planning services throughout the country. The successes of this initiative have been reported widely to the international community; however, domestically, no forum has been held to share the success stories with a national audience.

Additionally, the FMOH has set an ambitious target to achieve a CPR of 65% by 2015. Achieving such a target and consolidating on results already achieved requires examining success factors and new opportunities for expanding FP uptake.
FHI 360 is working with the FMOH and other implementing partners to plan a National FP Symposium. The National FP Symposium will be held in November 2012 in the Amhara Region of Ethiopia. The objectives of the Symposium are listed above. It is intended to build on the momentum following the London Summit on Family Planning, held by the Bill and Melinda Gates Foundation, as well as to prepare for the next International Conference on Family Planning, planned for 2013. FHI 360 will hire a consultant to help with the conference planning activities and content development, and staff will participate on various planning committees.

Collaborating Agency(s): Federal Ministry of Health, Ethiopia; Regional Health Bureaus

Activities, Accomplishments, Problems:
Past Six Months:
- The FCO was opened in May 2012.
- Initial planning meetings were held with the FMOH and other implementing partners in May 2012.

Year 5 Workplan:
- FHI 360 will support the FMOH to hold the Symposium by hiring a consultant as the Symposium Executive Manager and by participating on various planning committees.
- The Executive Manager will coordinate the work of all of the planning committees; oversee the coordination of symposium agendas, programs, invitations, meeting logistics, etc.; prepare background/supporting documents; assist with the scholarship project; and many other tasks. Full terms of reference will be developed.
- A Core FP Symposium Organizing Committee will be established, as well as four sub-committees, whose focus will be on communications and documentation, abstract review, resource mobilizing and sponsorship, and logistics.
- F. Okello and B. Fekade will represent PROGRESS on the Core Committee. PROGRESS will also participate on all of the sub-committees, except communication and documentation.
- The Symposium will take place in November 2012.
- A statement of declaration / call for action will be developed as part of the Symposium and finalized afterwards.

Support to Advocating Reproductive Choices

Status: Ongoing *Projected End Date: 9/30/2012*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892033	3/1/2011		SKhobragade
892030	10/15/2010		SKhobragade

Objective(s): 1) To support a network of family planning organizations in India to share ideas, innovations and the latest research on family planning issues; and 2) to undertake advocacy activities to mobilize commitment to and strengthen family planning services in India.

Description: Advocating Reproductive Choices (ARC) is a coalition of organizations primarily working in the field of Sexual & Reproductive Health whose secretariat is currently held by Family Planning Association of India (FPA India). The coalition aims at expanding contraceptive choices for the Indian population by widely promoting and making available safe, effective and quality contraceptives in the public and private health service delivery system at affordable cost.

ARC has identified a need to strengthen itself and to continue focused advocacy initiatives to re-position family planning in order to create an impact at the national and state levels. The major issue that ARC sees itself addressing in the coming years is strengthening the spacing methods choices available in the country by including at least one more method in the basket of choice. To achieve this, ARC wants to undertake multi-level and multi-layered advocacy to create a favorable environment within the decision makers by imparting correct and up to date information on all contraceptive choices.
FPA India, in its capacity as the secretariat, has been supported by the David and Lucile Packard Foundation (Packard Foundation) since 2008. Under this subproject, FPA India will be supported by PROGRESS to undertake activities to strengthen the coalition, to create a succession plan, and to undertake advocacy efforts to create a favorable environment for family planning.

Subgrantee(s): Family Planning Association of India (FPAI)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- Funding approval for this activity was received in September 2010 from USAID/India.
- A draft scope of work was developed in collaboration with the Packard Foundation and Family Planning Association of India (FPA India).
- The scope of work and subagreement was finalized and submitted for approval. USAID approval was received.
- The subagreement with FPA India was signed in June 2011; implementation began.
- Activities were conducted in collaboration with FPA India.
- Office space was rented for state level chapters of ARC in Jharkhand and Uttar Pradesh.
- Both the state chapters updated their core and general membership lists.
- Recruitment for state program officers for both Jharkhand and Uttar Pradesh chapters was carried out. Both of the candidates to whom the offers were made declined to join.
- A draft guideline was prepared for discussions with IUD providers.
- A technical update on emergency contraceptive and injectables contraceptives was carried out in Uttar Pradesh.
- A strategic planning meeting was held in October 2011 in Goa to decide on the goals and the governance structure of ARC. A draft report was prepared based on this meeting.

Past Six Months:
- In each state, one of the two program officer positions mandated in the subagreement were filled through re-advertising in March and April 2012.
- The draft report prepared in the strategic planning meeting (Oct 2011) was discussed at a general meeting in Feb 2012.
- A joint review meeting with Packard and FPA India was carried out to prioritize the deliverables for the subproject.
- Monitoring visits were made to the Uttar Pradesh and Jharkhand state chapters of ARC by two FHI 360 staff.
- A no-cost extension through September 2012 was approved by USAID; it will support organizing a national and two state-level civil society organizations' consultations.
- Capacity building workshops on media advocacy and technical update sessions on IUCD and emergency contraception were conducted for both the Jharkhand and UP state chapters.
- District sensitization meetings were held in ten districts in both UP and Jharkhand.
- Several reports were submitted to FHI 360 as deliverables, and feedback was provided.

Year 5 Workplan:
- FHI 360 will work with FPAI to ensure that the activities mentioned in the subagreement, including the national level civil society consultation, are being carried out according to the timeline.
- A final closeout report will be obtained from FPA India at the close of the activity in September 2012.

Technical Support to the NCAPD for Family Planning Advocacy and Leadership

Status: Complete *End Date: 4/30/2012*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892013	5/19/2010	4/30/2012	AOlawo

Objective(s): 1) To provide technical assistance to the Kenya National Coordinating Agency for Population and Development (NCAPD) for the planning of a National Leaders' Conference on Population and Development, including the development of conference objectives, agenda, position papers and other key content/materials; 2) to actively participate in and contribute to the work of all conference planning subcommittees (Scientific/Technical, Resource Mobilization/Financing, Logistics, and Communication/Publicity); and 3) to support printing of selected conference materials, including position papers and the draft population policy.

Description: Kenya's NCAPD convened a National Leaders' Conference on Population and Development in November 2010 to continue to build momentum towards achieving the Millennium Development Goals (MDGs) and Kenya's Vision 2030. The conference provided an important forum for key stakeholders to tackle critical population issues, including repositioning family planning, in order to continue to advance the country's health and development agenda. At the request of NCAPD and USAID/Kenya, FHI 360 provided technical assistance to NCAPD to prepare for, implement, and seize momentum from this major national event.

Collaborating Agency(s): Division of Reproductive Health; National Coordinating Agency for Population and Development (NCAPD)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- The draft conference concept paper was reviewed and refined to mainstream population issues, including repositioning FP.
- FHI 360 supported NCAPD to convene the first conference Steering Committee meeting in Aug. 2010 to bring together key Government of Kenya (GoK) staff, donors, and development partners.
- FHI 360 actively participated in convening, advancing and following-up on meetings and activities of the overall conference Steering Committee as well as all four subcommittees.
- As a core member of the Steering Committee, FHI 360 contributed to 1) development of the conference program/agenda, announcement, call for abstracts, and presentations; 2) development of criteria for review and selection of abstracts; and 3) review and selection of abstracts and TA for development of GoK presentations and position papers including one on repositioning FP.
- FHI 360 provided support to recruit, orient, and supervise rapporteurs and an event organizer.
- FHI 360/Kenya staff participated in the conference which took place Nov. 15-17, 2010, including making presentations at the sessions on Health; Repositioning FP; Environment and Climate Change; and Gender, Youth and Vulnerable Groups.
- FHI 360 supported the chief rapporteur and NCAPD to articulate and disseminate final conference resolutions just before the closure of the conference.
- FHI 360 finalized the conference report and supported NCAPD in printing 500 copies. These were distributed to key organizations that were represented at the conference, as well as all GoK ministries and departments, members of parliament (MPs), NGOs, the private sector, and provincial and county/district level leadership.
- Key action items from the conference were identified in collaboration with NCAPD and a plan of action was developed. 500 copies of the plan of action were printed.

- FHI 360 participated in the USAID Regional Conference for Community Approaches at the request of NCAPD.
- FHI 360 participated in a meeting with Members of Parliament in Mombasa during which the report of the leader's conference as well as the Plan of Action was endorsed. The draft Population Policy for 2011 - 2030 was also reviewed during the meeting.

Past Six Months:
- The FCO and subproject were closed.

Findings and Outcomes:
- Kenya's National Leaders' Conference on Population and Development took place November 15-17, 2010 and was attended by approximately 700 leaders from across the country and internationally. Conference participants deliberated on multiple development sectors/areas (in line with Kenya's Vision 2030 and the MGDs) and how a high population growth rate affects each of these sectors. Participants also agreed on conference resolutions that would ensure that population issues are addressed in furthering Kenya's development agenda. Some of the resolutions included repositioning family planning, building capacity at the community-level to provide basic health services including FP, mobilizing resources for family planning commodities, focusing on the substantial youth population, and generating commitment from national leaders to positively discuss family planning. Key national leaders, including the Vice President, the Deputy Prime Minister, the Minister for Local Government, and the Minister for Planning and National Development, pledged their support to ensuring the resolutions are met. FHI 360 staff made five presentations during the conference.
- The conference report and the Plan of Action were endorsed by members of parliament.
- Recommendations from the report of the Leaders' Conference have been factored into the draft Population Policy for 2011-2030.

Changing Attitudes toward Family Planning Services through Increased Male Involvement

Status: Ongoing *Projected End Date: 3/31/2013*

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892056	3/15/2012		DYadav
892055	3/5/2012		DYadav
892024	10/1/2010		DYadav

Objective(s): 1) To test the effectiveness of a male-based FP intervention to improve male involvement in his and his partner's contraceptive decisions; 2) To describe the challenges and useful strategies in promoting men's involvement in FP; and 3) To document the process and cost of the intervention to inform replication and scale up, if proven effective.

Description: The issue of men's limited involvement of family planning (FP) is recognized as one of the important barriers to increase in FP in India. Factors that can be attributed to low involvement include gender inequitable attitudes, poor knowledge and skills related to FP among men. This subproject aims to develop an intervention manual to increase men's involvement in family planning. This manual will draw on existing evidence-based interventions across the globe. It will be adapted for use in rural communities in India. An intervention evaluation will be conducted to test this manual's effectiveness using a single group pre-post experimental design. Male participants and their wives/partners will be recruited from a random sample of villages from two administrative blocks in the Deoghar district in Jharkhand. Qualitative

(interviews, focus groups) and quantitative (surveys) data will be collected on a variety of subjects including: demographics, attitudes, gender norms, couple communication, and contraceptive use.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- A concept note was developed and approved by USAID/India in January 2011.
- Meetings were held from January – March 2011 with the ICRW team to review the concept and discuss how the concept could be operationalized and the study implemented in the field.
- In January and February 2011, community-based organizations in Jharkhand were contacted to initiate the process of mapping potential organizations for implementing the study.
- Consultations with Population Council staff were conducted to understand the nature of a related project that they are undertaking in Maharashtra.
- In June 2011, following these consultations and discussions with FHI 360/NC, it was determined that PROGRESS and Pop Council should collaborate on the manual development and that PROGRESS should conduct the study as planned with the target population of peer educators. However, it was later decided not to pursue this partnership.
- The protocol was submitted for internal review. Documentation was prepared for PHSC and local IRB submission.

Past Six Months:

- Two visits to Deoghar district, Jharkhand, were conducted to assess potential implementation partners.
- The draft protocol was shared with the PROGRESS Management team for review.
- The National Rural Health Mission director was informed about this proposed study in order to get required support from the government.
- A consultant was identified for developing the intervention manual and conducting the training.
- The protocol was approved by USAID/Washington in January 2012, and by FHI 360's PHSC and the local ethics committee in February.
- Contracts were signed with the implementation partner organization (NEEDS) and the data collection agency (SRI) in May 2012.
- The intervention manual was developed, field-tested, and finalized in March 2012.
- Baseline data collection was completed in June 2012.
- Training of peer educators of was completed and the intervention was initiated in July 2012.

Year 5 Workplan:

- The intervention implementation will be completed in August 2012.
- Originally, the study team planned a gap between the intervention and the end line assessment. However, since the intervention was delayed, the end line data collection will begin soon after the intervention finishes and will be completed by October 2012.
- Data analysis and the report are projected to be completed in December 2012.
- Dissemination activities will take place in January 2013.
- Project closure will happen in February 2013.

A Kenya-based Pilot of a Monitoring Tool for Scale Up of High Impact Practices

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890141	7/14/2011		LWilson

Objective(s): 1) To develop and pilot a tool for monitoring scale up of best practices; and 2) To support MEASURE Evaluation PRH Project and USAID in developing guidance for monitoring scale up.
Note: Objectives were updated in December 2010 to reflect ongoing discussions with USAID on this activity.

Description: There is a growing focus on scaling up best practices in family planning programs, both in Kenya and globally. Experiences, however, have shown that there are challenges to sustainable scale-up. These challenges often relate to incomplete institutionalization of the practice within the health system (training, HMIS, logistics, etc.), limited or inconsistent implementation on a facility-by-facility or geographic basis, and a lack of consistency with the model intervention (i.e. key components of the best practice are missing). In response, PROGRESS, USAID, and MEASURE Evaluation PRH Project are developing guidance for countries to use to systematically monitor and evaluate scale up to inform program implementation and to strengthen the scale up process. A pilot monitoring exercise, led by FHI 360, the Kenya Division of Reproductive Health (DRH), and the Kenya National AIDS and STI Control Programme (NASCOP), is being conducted in Kenya, focused on the integration of family planning (FP) within HIV Comprehensive Care Centers (CCC).
The monitoring exercise will involve a cross-sectional data collection exercise to assess the institutionalization, pace, content, and coverage of scale up. Data collection methods will include key stakeholder interviews, a desk review, and a facility assessment, including client exit interviews. Data collection and analysis will be rapid and low-cost, and designed to be repeated over time to measure the pace of scale up (only initial implementation is currently funded under PROGRESS). Results will show the degree to which FP/CCC integration is currently being implemented in Kenya, as well as where there are challenges and what additional work is needed to ensure sustainability and full realization of scale up. Results will inform next steps and areas for improvement. Globally, the pilot will support the development of guidance for systematically monitoring the scale up of best practices.

Collaborating Agency(s): Division of Reproductive Health; Measure Evaluation; National AIDS and STI Coordinating Program (NASCOP)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Support from FCO 890006 was provided to initiate this activity in late Year 3.
- Discussions were held with USAID, MEASURE Evaluation PRH, and other members of a Working Group on monitoring scale up, to begin planning for developing and piloting the tool. Discussions included Dr. Bashir, from the Kenya Division of Reproductive Health (DRH), while he was completing a fellowship at FHI 360/NC.
- L. Wilson attended and participated in a meeting on monitoring and evaluation (M&E) of scale up in June 2011. Wilson presented on and led a discussion on plans for the development of the tool and pilot.
- A stakeholders meeting, hosted by the DRH, was held in June 2011 to orient stakeholders to the activity and to get suggestions for selecting a best practice to monitor and prioritize information needs. Wilson and S. Malarcher (USAID/W) traveled to Kenya for the meeting and to discuss the activity in more detail with the team in Kenya.

- Following the June stakeholders' meeting in Kenya, input was solicited from participants on a best practice. Family planning integration into HIV Comprehensive Care Centers was unanimously chosen.
- A draft data collection plan was developed and reviewed within FHI 360. It was shared with the global technical advisory group in Sep 2011; input was received and incorporated.
- Given the choice of FP/CCC integration as the best practice, PROGRESS/Kenya staff engaged Margaret Gitau, from the Kenya National AIDS and STI Coordinating Program (NASCOP) and other stakeholders from the RH/HIV Technical Working Group.
- Wilson traveled to Kenya in Oct 2011 (cost-shared) for another stakeholder meeting to review the activity and data collection needs with the expanded group of stakeholders. Two meetings were held at which data collection needs for FP/CCC integration were further identified and prioritized.
- A second draft of the data collection plan was prepared and shared with the stakeholders for review in Dec. 2011.
- Wilson presented on the activity as part of a panel on scale up at the 2011 International Conference on Family Planning in Dakar.

Past Six Months:

- Feedback on the draft data collection plan was solicited from stakeholders in Kenya at a meeting held in Feb 2012. At the meeting, the team received the go-ahead to proceed with the data collection plan in three provinces: Coast, Rift Valley, and Western. Data collection forms and the analysis plan were developed by A. Olawo and G. Vance. Support was provided by Vance, who traveled to Kenya in February with cost-share from this FCO.
- The implementation plan was reviewed internally, approved by USAID and the local IRB in Kenya in June 2012, and declared to be non-human subjects research by PHSC.
- In June 2012, Wilson traveled to Kenya (co-funded with FCO 890006) to conduct site visits and data collector training with Olawo. Data collection is to begin in July.
- An abstract was developed and submitted for an HIV/RH integration conference to be held in Nairobi in Sep 2012.

Year 5 Workplan:

- Data collection will begin in July 2012. Analysis of the data will begin immediately thereafter. Olawo will travel to FHI 360/NC to participate in the data analysis (funded under FCO 890006).
- Results will be shared with both Kenya and global stakeholders. A presentation will be made at the Integration Conference to be held in Nairobi in Sep 2012.
- PROGRESS will continue participating in the community of practice on monitoring scale up and working with MEASURE Evaluation PRH and USAID on developing global guidance for monitoring scale up of best practices (co-funded with FCO 890006).

Support to the Tanzania Ministry of Health

Status: New *Projected End Date: 6/17/2013*

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
TBD			CLasway

Objective(s): 1) To continue support provided to the Tanzania Ministry of Health, building on what was done under the ACQUIRE/Tanzania project.

Description: This activity is still under discussion with USAID Mission in Tanzania. More information will be provided when available.

Cross-Cutting Activities

This section includes the cross-cutting Family Planning Training Research Package, PROGRESS monitoring, evaluation, and reporting, research leadership, and management.

Family Planning Training Resource Package (and the Injectables for Community Health Workers Module)

Status: Complete *End Date: 12/31/2011*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890041	7/9/2009	12/31/2011	LHarber

Objective(s): 1) To support the development of a training module on Progestin-Only Injectable Contraceptives for Community Health Workers; and 2) to support the completion of the Family Planning Training Resource Package.
Note: The second objective was added and the title changed when additional funding was secured in August 2010.

Description: This subproject was originally envisioned as support to print a training module on Progestin-Only Injectable Contraceptives for Community Health Workers (CHWs), one of about 20 modules in a Family Planning Training Resource Package (FPTRP). FHI 360 has led a consortium of agencies, including USAID, WHO, and other partners, in developing this comprehensive training package that synthesizes best practices and job aids in one uniform resource. As this PROGRESS subproject evolved over the course of Year 2, the team decided that rather than printing, the funds would be better used to support revisions and finalization of the Injectables for CHWs module, based on field-testing under PROGRESS and CRTU activities in Zambia and Nigeria. In Year 3, additional funds were secured under PROGRESS and the objectives and title were expanded to include support for completion of the entire FPTRP. In an effort to broaden the impact of the resource package, the scope was further expanded by USAID to acquire the endorsement of WHO and UNFPA. In response, FHI 360 coordinated a review process involving designated representatives from USAID, WHO, UNFPA, and the CDC. PROGRESS will be able to utilize the Injectables for CHWs module, as well as the entire FP Training Resource Package, as part of its research and research utilization work. Dissemination of the FPTRP materials is not covered under PROGRESS. Following PROGRESS's contributions, the FPTRP was handed off to partners (K4Health and E2A projects).
Note: USAID supported the initial efforts through the CRTU (see FCO 113128). Work on this project was also completed under CRTU FCO 113152 (field testing DMPA module in Nigeria), and FCO 890017 (DMPA module expanded into a full training curriculum for use in Zambia). Funding to support the completion of the Family Planning Training Resource Package was approved for PROGRESS in August 2010.

Collaborating Agency(s): UNFPA; World Health Organization (WHO)

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- See previous annual reports for additional accomplishments.
- FHI 360 coordinated with PATH on use of the FPTRP DMPA for CHWs materials as the base to which additional components needed for training CHWs to provide Depo-subQ in Uniject were added.
- A Beta site was developed and launched at the Dec. 1, 2010 meeting of the Implementing Best Practices Consortium (IBP). This allowed USAID to promote the FPTRP as a resource for all CAs.
- Plans were developed with K4Health to develop the permanent site with a "stand alone" URL (www.fptraining.org). FHI 360 worked with K4Health to incorporate changes to the web site based on the feasibility testing conducted by K4Health.
- A production schedule was developed to ensure that priority modules would be completed and uploaded onto the site by June 30, 2011, which was later modified to Sept. 30, 2011, at USAID's request and with additional funds of $150,000.

- WHO and UNFPA were engaged by USAID to co-brand the package and a comprehensive plan for review and approval by the three agencies of 14 items on the TRP materials list was designed and implemented by FHI 360.
- FHI 360 participated in technical advisory committee meetings and teleconferences with USAID, WHO, and UNFPA to discuss dissemination and upkeep of the completed product, a plan to launch the package at the International Conference on FP (ICFP) in Dakar in November 2011, and a transition plan to transfer the "secretariat role" for managing this package of materials.
- Per the request of USAID, FHI 360 produced 70 CDs containing a draft facilitator's guide and the five modules where reviewer consensus was achieved prior to the ICFP (COCs for clinicians and CHWs, condoms for clinicians and CHWs, and IUDs for clinicians-only). The CDs also contained an information sheet and a usability survey so that members of the reference group could submit feedback to USAID and WHO. FHI 360 delivered the 70 CDs to USAID and WHO in November 2011.
- A summary document describing the review/approval progress and status of each item developed for the resource package was prepared to facilitate transfer of the initiative to the new secretariat.

Past Six Months:

- On May 8, 2012 PROGRESS completed the transition to the new secretariat. A one-day briefing was conducted with Cathy Solter/Pathfinder from the E2A Project. All electronic files developed for the resource package were provided on a flash drive. Since this FCO was closed, preparation for and participation in this transition briefing was charged to FCO 890003.

Findings and Outcomes:

- Based on USAID's initiative, the WHO and UNFPA agreed to review and endorse the FPTRP. PROGRESS worked with USAID to coordinate the review process with these partners, including identifying any substantive issues to clarify with reviewers and if necessary, developing compromise language on issues where differences existed.
- FHI 360 executed the established review and approval plan including preparing materials for initial and final reviews by WHO, USAID, UNFPA, and CDC, updating the materials based on the comments provided by reviewers, recirculating the materials for additional review and comment until consensus was achieved and approval of the various components of the core and method-specific modules was secured. Modules/materials progressed at different rates depending on the amount and complexity of changes requested by reviewers. Progress on several modules/resources was curtailed due to differences of opinion over technical content. These issues were not able to be resolved within the timeframe of this project and were subsequently set aside for resolution at a later date.
- In November 2011, USAID and WHO decided to release the five completed modules for further field testing before proceeding. This plateau marked the end of PROGRESS's activities on the FPTRP.

Monitoring and Evaluation of the PROGRESS Project

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890006	11/19/2008		LWilson

Objective(s): 1) To monitor performance in PROGRESS-related subproject efforts; 2) to share results promptly to guide subsequent efforts and decision-making; 3) to assess progress toward the achievement of intermediate results and the legacy areas; and 4) to evaluate the extent to which PROGRESS goals and objectives have been met and have had demonstrable impact.

Description: The PROGRESS monitoring and evaluation (M&E) staff focuses on implementing the Performance Monitoring Plan (PMP) in close collaboration with PROGRESS management (FCO 890001).

This involves careful tracking of outputs, outcomes, and the overall impact of the PROGRESS program. The tools outlined in the PMP, including the Research Utilization Indicator Database, EIS, and the Gap Analysis, are regularly maintained. M&E staff coordinate with other PROGRESS staff, including country office staff, to ensure that these tools are used and updated. M&E staff also assists with USAID reporting requirements, including Key Results Reporting, Management Reviews and Annual and Quarterly Reports and Workplans. Evaluation of the overall project, as needed, is managed in coordination with PROGRESS management.
Within FHI 360's systems, each subproject has an assigned technical monitor charged with meeting subproject objectives and completing the subproject on time and within budget.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:

- Please see previous annual reports for additional information.
- The Performance Monitoring Plan (PMP) was drafted in late 2008 and finalized in June 2009.
- The Gap Analysis was developed in June 2009 and has been updated approximately twice per year since then.
- Annual Key Results have been submitted to USAID each Oct. Support has been provided to PROGRESS Management on the Baseline Financial Reports and other financial activities.
- M&E staff supported the annual concept development and budget request process.
- A policy review of task-shifting and expanding service delivery options was implemented by K. Ganter.
- Indicator collection into the RU Database continued. Microsoft Project files and HRIT has been maintained.
- Annual Report and Workplans, as well as Semi-Annual and Quarterly Reports have been prepared, including review of all EIS reports.
- An “End-of-Project (EOP) Blueprint” was developed for the Sep 2010 Mgmt. Review and has been updated on a regular basis.
- In Spring 2011, Wilson worked with R. Homan on a review of all capacity building efforts.
- The Gap Analysis and PMP were updated for the Management Reviews in Sep 2010, April 2011, and Dec 2011. Revisions were made to the capacity building section of the PMP, and a new version was submitted in May 2011, and again in Dec 2011.
- Planning began for a mid-term assessment of PROGRESS, which ultimately resulted in a series of field monitoring visits (co-funded with Management) in early 2011.
- M&E staff participated in USAID Bureau of Global Health M&E Working Group meetings.
- Wilson met with PROGRESS staff in Kenya (Jun & Oct 2011) and Tanzania (Oct 2011) to review project reporting, etc.
- The seven large portfolio countries completed a matrix of their accomplishments, which were adapted into country posters and thematic summaries.
- This FCO has also supported an activity to monitor scale up of best practices in Kenya (FCO 890141). Please see the associated report for additional details.
- Preparations began for the end-of-project evaluation.
- Assistance was provided to various TMs for M&E within other subprojects.
- Global activities related to monitoring scale up were supported under this FCO.

Past Six Months:

- A. Rupert was oriented to the PROGRESS M&E team.
- RU indicator reporting and MS Project tracking continued. The semi-annual and quarterly reports were prepared, including review of EIS reports.
- Support was provided to the first in a series of end-of-project meetings, held on Mar 13, 2012.
- Support was provided to the end-of-project evaluation, which was conducted between April and June 2012, by two external consultants. This included coordinating with USAID on the scope of work and roles and responsibilities, developing a number of documents describing various aspects of the project, and compiling many others into “three layers” of documentation that were provided to the consultant ahead of time. A two-day meeting between the consultants and FHI 360 staff was planned and conducted in April 2012. Interviews were arranged and scheduled between the consultants and

key partners and stakeholders in April and May. The PROGRESS team responded to various ad-hoc requests for information from the consultants. The evaluation report was reviewed and clarifications provided as requested. Wilson and Maggwa attended the debriefing in Washington, DC in June 2012.
- Wilson provided input to MEASURE Evaluation PRH project's work on the Guide to Monitoring Scale Up of Best Practices and presented at a meeting on the topic in Washington, DC in Jan 2012. Wilson also traveled to Kenya in June to initiate data collection on the monitoring project there (co-funded with FCO 890141).

Year 5 Workplan:
- M&E staff will review EIS subproject reports and assist PROGRESS Management in the development of quarterly, semiannual, and annual reports and workplans.
- The Year 4 Key Results Report and Baseline Financial Report will be developed and submitted to USAID in Oct and Nov 2012, respectively.
- Indicator collection and maintenance of the Research Utilization Indicator Database will continue.
- Support will be provided on planning for successful project completion and close-out. M&E staff will contribute to the annual PROGRESS Management Review, tentatively scheduled for Oct 2012.
- Activity monitoring using Microsoft Project will continue to be maintained.
- Updates on all relevant PROGRESS-supported activities will be entered into USAID's HRIT database.
- The Gap Analysis will be maintained.
- Wilson will contribute to global efforts related to monitoring scale up, including providing support to MEASURE Evaluation PRH Project on global guidance and participation in meetings of the community of practice. Technical assistance will be provided to other scale up monitoring activities within the PROGRESS portfolio, including those in Ethiopia, Zambia, and Rwanda.
- Additional field visits to review and document project activities, accomplishments, and capacity building efforts may be planned. Visits may also include information gathering on other scale up monitoring efforts.
- See FCO 890141 for more information on the pilot of a tool for monitoring scale up of best practices.

Population & Reproductive Health Leadership

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890115	6/24/2010		JStanback

Objective(s): 1) To support early development of research and research utilization ideas relevant to PROGRESS's goal; and 2) to support time of key staff to provide scientific and technical support to USAID, including response to ad-hoc requests from USAID. In particular, it will support PROGRESS contributions to the Global Health Initiative, participation at key meetings (e.g. WHO, USAID), and identification of opportunities for collaboration with partners.

Description: This activity will allow PROGRESS to rapidly respond to needs and high priority requests from USAID to engage in key technical challenges facing our field, including emerging or cross-cutting research topics. As the Global Health Initiative is rolled out, PROGRESS has been and will continue to be asked to contribute to USAID's efforts on this important new initiative and thinking on the strategic areas, particularly integration, health systems strengthening, and women-centered approaches. It will also allow PROGRESS staff to work proactively on developing the next generation of research and research utilization on improving access to family planning, keeping USAID and PROGRESS on the leading edge, and at the same time speeding the development of protocols and lessening the amount of time to get activities into the field.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Stanback attended meetings of the WHO RHR Research Project Review Panel in Switzerland in Aug 2010 and March 2011.
- Stanback attended and presented at the first Global Symposium on Health Systems Research in Montreux, Switzerland (Nov. 2010): "Expanding Access to Family Planning Services Through Community-Based Provision of Injectable Contraceptives." http://www.hsr-symposium.org/images/stories/abstracts.pdf
- Stanback and Maggwa attended USAID-sponsored meetings in Washington in February 2011 on the list of High Impact Practices and on CA population-related research.
- Stanback and Lebetkin used this FCO to develop a draft protocol for a drug shop study in Ibadan, Nigeria.
- Stanback traveled to Ghana to assess the potential for a new study of DMPA sales in Licensed Chemical Sellers shops (see FCO 890149).
- This FCO has provided at least partial support for the following publications and presentation. See Findings section for additional publications.
- Stanback J. presented "Contraceptive Injections in Drug Shops in Rural Uganda" at "Planning More, Achieving More: Planning Workshop for Community-based Access to Injectables," Washington DC, April 2011.
- Eichleay M, Janowitz B, Chen M. "Developing a Proxy Wealth Index for Program Evaluation" presented at International Conference on Urban Health, November 2011.
- Eichleay M, Janowitz B, and Chen M. "A simplified wealth index for program evaluation." Manuscript in development. (PP2011/040)
- Green M, Janowitz B, and Chen M. "The potential of the private sector to increase contraceptive use in Uttar Pradesh." Manuscript in development.

Past Six Months:

- Maggwa traveled to Switzerland (Jan 2012) to participate in the WHO Technical Consultation on Hormonal Contraception and HIV risk (cost-shared with FCO 890010 and non-PROGRESS FCOs).
- Stanback prepared for and attended the USAID CHW Evidence Summit kick-off meeting in Feb 2012.
- Stanback participated in a WHO Evidence Review for Task Sharing in MCH at the WHO in April 2012.
- L. Dorflinger traveled to New York to participate in the International Committee for Contraception (ICCR) meeting in April 2012 (Cost shared with FCO 890148).
- D. Chin Quee attended and participated in USAID's Evidence Summit: Community and Formal Health System Support for Enhanced Community Health Worker Performance (May 2012) as a member of Evidence Review Team 3.
- Stanback and Maggwa participated in planning activities and attended the WHO Evidence Review Panel on Task Sharing in FP in June 2012. On the same trip, they participated in a WHO Technical Consultation to draft policy a brief on Improving Access to Family Planning (cost-shared with FCO 890010).
- Support was provided for paper-writing on the following:
- 1) Brunie et al., "Barriers to Modern Contraceptive Use for Women in Union in Rwanda," was invited to be submitted for consideration for publication as part of a collection featuring papers presented at the 2011 International Conference on Family Planning (see also FCO 890007).
- 2) Stanback J, Miller M. "Radical Common Sense: Community Provision of Injectable Contraception in Africa" is in press in Kulczycki A, "Critical Issues in Reproductive Health."
- 3) High Impact Practice brief, "Drug Shops and Pharmacies: Important sources for family planning commodities and information." The brief was drafted for the July 2012 London Summit on FP (see also FCO 890155).

Year 5 Workplan:

- Stanback may attend upcoming meetings of the WHO/RHR Research Project Review Panel.
- PROGRESS staff will provide scientific and technical support to USAID as requested.

- Stanback and others will continue to use this FCO for paper-writing, as appropriate.
- Support will be provided for end-of-project meetings, synthesis, and dissemination.
- Stanback will attend a meeting in Seattle with PATH and other partners on Uniject in August 2012.
- Maggwa and Stanback will travel to Geneva for a WHO Technical Consultation on postpartum family planning in September 2012.
- Maggwa will attend the annual FIGO conference in Italy in October 2012, to participate in a panel session on community-based family planning.

Findings and Outcomes:
- This FCO has provided at least partial support for the following publications:
- Stanback J, Otterness C, Bekiita M, Nakayiza O, Mbonye AK. "Injected with Controversy: Sales and Injections of Depo Provera in Drug Shops in Uganda." International Perspectives on Sexual and Reproductive Health, 2011, 37(1):24-29. (Pub 2011-32).
- Malarcher S, Meirik O, Lebetkin E, Shah I, Spieler J, Stanback J. "Provision of DMPA By Community Health Workers: What The Evidence Shows" Contraception, 2011; 83:495-503. (Pub 2011-34).
- Greene E, Stanback J. "Old Barriers Need Not Apply: Opening Doors for New Contraceptives in the Developing World." Contraception, January 2012. (Pub 2012-09)
- E.G. Sutherland, C. Otterness, B. Janowitz. "What happens to contraceptive use after injectables are introduced? A DHS analysis in 13 countries." International Perspectives on Sexual and Reproductive Health, December 2011. (Pub 2011-155)
- Janowitz B, Stanback J, Boyer B. Task Sharing in Family Planning. [Commentary]. Studies Fam Plann. 2012 March; 43(1):57-62. (Pub 2012-34)

PROGRESS Management

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890001	6/18/2008		RDeBuysscher

Objective(s): To guide the overall management and implementation of the PROGRESS Cooperative Agreement, including implementation and management support to country programs.

Description: This FCO captures management and development costs associated with the overall management oversight of PROGRESS. From PROGRESS Year 2 on, this FCO will be for management purposes only, and expenses will be distributed as a percentage across all projects.

Activities, Accomplishments, Problems:
Cumulative Accomplishments:
- See previous annual reports for additional details and work prior to 2011.
- PROGRESS management participated in periodic conference calls with the USAID team.
- Quarterly and semi-annual reports were submitted to USAID per schedule.
- The PROGRESS annual key results and baseline financial reports were submitted to USAID in Nov. 2010.
- The Year 4 budget request was submitted to USAID on February 24, 2011.
- The new AOTR for PROGRESS was announced in March and a modification to the award document was signed on April 11, 2011.
- FHI 360 hosted the new AOTR, Mihira Karra and team, respectively in April and Sept 2011 to discuss the PROGRESS portfolio

- USAID and PROGRESS staff conducted field monitoring visits in lieu of a mid-term evaluation to India (Wilson/Malarcher), Tanzania and Kenya (Stanback/Matthews), and Rwanda (De Buysscher/Matthews) in Spring 2011.
- Maggwa travelled to Kenya in July to facilitate and participate in the "Effective Community Approaches to FP Africa Region Meeting" held in Nairobi, Kenya from July 23-30th and to explore joint activities with the Millennium Village Project (MVP) leadership (see also FCOs 892028 and 890003).
- PROGRESS submitted the combined Year 3 Annual Report and Year 4 Workplan in Aug 2011.
- Maggwa travelled to Kenya and Uganda in Sept/Oct to meet with the Missions about Year 4 field support and work plans.
- Key results and the baseline financial report were submitted to USAID in Nov 2011
- De Buysscher travelled to Ethiopia, Rwanda, and Senegal (Nov-Dec) to work with the staff on management issues, including review of budgets, work plans and job descriptions.
- PROGRESS staff participated in the International Conference on Family Planning (ICFP) held in Dakar, Nov 28 – Dec 2, 2011. PROGRESS was well represented with over 25 presentations accepted at the conference.
- PROGRESS HQ and country office staff participated in the Global Management Review meeting held with the USAID Team December 3-4. The management review meeting was held back to back with the ICFP meeting to take advantage of the presence of key country office staff.

Past Six Months:

- A report from Global Management Review meeting was submitted to USAID in Jan 2012.
- PROGRESS submitted the Year 5 budget request to USAID in February 2012.
- PROGRESS Management team held its first in a series of end-of-project technical meetings in Washington, DC on March 13, 2012, entitled: "It Takes a Village: Institutionalizing Evidence –based Practices (See also FCOs 890003 and 890006).
- PROGRESS Management and M&E staff prepared for and engaged in the end-of-project evaluation, held in April and May 2012. Maggwa and L. Wilson participated in the debriefing at USAID in early June (see also FCO 890006).
- Maggwa and Stanback participated in a series of WHO Technical Consultation meetings respectively in Geneva and Montreux, June 20 – 30, 2012 on Optimizing Human Resource Requirements for Expanding FP Coverage and Policy, Programme and Research Recommendations to Expand Access to FP (see also FCOs 890010 and 890115)
- Additional management visits were conducted by key PROGRESS staff cost-shared with RU and research FCOs as appropriate: Senegal/Stanback; Ethiopia/De Buysscher, and Kenya & Uganda/Maggwa.

Year 5 Workplan:

- The Year 4 Annual Report and Year 5 Workplan and budget will be submitted to USAID in Aug 2012.
- Quarterly narrative and financial reports will be submitted to USAID, as well as the annual key results and baseline financial reports.
- Key staff will conduct management field visits to PROGRESS countries as necessary, including project close out.
- Staff will participate in periodic conference calls with the USAID team.
- PROGRESS Management will prepare for additional end-of-project technical meetings, with the second in the series to be held in July 19th, 2012.
- PROGRESS will prepare for project close out starting in February 2013 and submit the Year 5 PROGRESS final report to USAID in August 2013.
- Final financial close out reports will be submitted after the Fiscal Year 2013 closes.
- PROGRESS management will attend USAID and partner meetings as requested.

Appendix 1: Completed International Travel

Appendix 2: Financial Information

FHI 360
PROGRESS International Travel Report
July 1, 2011 - June 30, 2012

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
Kenya	Malawi	M. Kuyoh	Jun 24 - Jul 1	892028	To provide TA to ECSA to prepare for and convene regional workshop on CBFP
Kampala	Ethiopia +Kenya	A. Akol Annet Nafula Genevieve Nantaba	Jul 22 - 29	892018	To participate in Community Based FP field visit (Addis Ababa) and USAID East Africa Bureau conference (Nairobi)
USA/NC	Kenya	J. Bratt	Jun 27 - Jul 9	890059(Time only); 890034, 993593	To discuss RU plans for the Kenya Land o' Lakes study (cost-shared with a non-PROGRESS project)
Kenya	Zimbabwe	L. Were	Jul 3 - 9	890116	Conduct a periodic monitoring visit for the WHO Implant Study
Kenya	North Carolina	L. Dulli (2 dependents)	Jul 1 - 30	806609, 890028, 806402	R&R
Tanzania	USA/NC	C. Lasway	July 1 - 22	890073, 890109, 892000	Meet with HQ PROGRESS team to work on Tanzania projects and workplan for FY12.
USA/NC	Tanzania	R. Braun	Jul 17 - Aug 2	890129 (Salary Only)	SALARY ONLY; Travel ID funded by external fellowship. To work on the M4RH project to meet with key partner organizations and community outreach staff to discuss implementation of M4RH.
USA/NC	Kenya +Tanzania	M. Ndugga	Jul 20 - 31	890001, 892006, 993625	To facilitate and participate in the "Effective Community Approaches to Family Planning Africa Region Meeting" held in Nairobi, Kenya from July 23-30th. To meet with Millennium Village Project (MVP) leadership
USA/NC	India	L. Harber	Jul 22 - Aug 1	890041	At the request of USAID, attend a meeting with representatives of PopCouncil, WHO, and USAID to discuss prototype counseling tool for CHWs. Participate in the Technical Consultation on Community Based Counseling in New Delhi, India, hosted by Population Council and co-sponsored by WHO and USAID.
Rwanda	Kenya	J. Wesson	Jul 24 - 29	890113	Wesson attended a five-day meeting on "Effective Community Approaches to Family Planning". The meeting was in follow-up to the 2009 Regional FP Conference held in Kigali. The Rwanda delegation identified three family planning priorities for the next year. In addition, the team won the award for the Best Country Presentation.
USA/NC	Kenya	F. Okello	Jul 23 - 31	892001	To participate in the "Effective Community Approaches to Family Planning, Africa Region Meeting" held in Nairobi, Kenya from July 23-30th.
Ethiopia	Washington DC	F. Okello, Wife (3 dependents)	Jul 16-Aug 17	892001	R&R
USA/NC	India	K. Aradhya	Aug 5 - 13	892023	To present a workshop on writing scientific journal articles to staff in the FHI/India office.
USA/NC	Kenya	P. Wamala	Sept 11 - 14	892018	to participate in the FHI-organized training workshop on gender issues.
USA/NC	Zambia	M. Malkin	Sep 9 - 18	890131	To advance the Road Map for National Scale Up of Community-based Distribution of Injectable Contraception, prepare for the October dissemination meeting, and advance plans for implementing scale up activities with field support funding.
USA/NC	India	E. Canoutas	Sept 12 - 23	890042, 892030, 892024	To orient new RU staff, to provide TA on start up of RU capacity building activities; to provide TA on ARC/FPAI project; to support the Male Involvement project.
USA/NC	Nigeria	T. Orr	Sep 18 - 30	890131	To provide TA to FHI/Nigeria to convene a stakeholders consensus meeting for policy change and continue scale-up preparation activities for CBD to DMPA.
USA/NC	Uganda +Kenya	M. Ndugga	Sep 26 - Oct 16	890001, 890115, 890006, 892018	**Uganda:** to work with the Country Office to finalize the year 4 workplan and activities under PROGRESS; to prepare for the PROGRESS Global Mgmt review in Dakar after the ICFP meeting; **Kenya:** To attend the National Nurses Council meeting; meet with key stakeholders for CBA2I and work on the M&E tool; to finalize the year 4 workplan and activities under PROGRESS.
USA/NC	Kenya +Tanzania	L. Wilson	Sept 27 – Oct 14	890141, 890006	**Kenya:** To begin implementation of the scale up monitoring tool, including participation in a stakeholders mtg to discuss data collection plan to begin data collection. **Tanzania:** To work with the country office on M&E activities.
USA/NC	Ethiopia +Ghana +Senegal	E. Lebetkin	Nov 4 - Dec 21	890139, 892001, 890001	To finalize the research protocol and data collection forms with the country team, to train data collectors, and to launch the study.
Kenya	Rwanda	L. Dulli	Oct 23-28	890028	The purpose of this trip is to train data collectors and implement the final wave of data collection for the study. (previously approved in the July - Sept travel plans)

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
USA/NC	Uganda	A. Brunie	Oct 14-27	890037	To provide training on database management to Conservation Through Public Health as part of a technical assistance project aimed at strengthening their Monitoring and Evaluation system
USA/NC	Zambia +Tanzania	D. Chin-Quee	Oct 7 - 21	890017, 890029	**Zambia:** To prepare for and deliver dissemination of CBD of DMPA study results. **Tanzania:** To prepare for and deliver dissemination of Contraindications to COC use study results.
USA/NC	Zambia	M. Malkin	Oct 7 - 19	890017, 892040	To prepare for and participate in dissemination meeting, and provide TA to MOH and partners on scale-up efforts
USA/NC	Kenya	R. Homan	Oct 10 - 21	892021	Develop cost estimates for the costed implementation plan for Kenya Division of Reproductive Health
Kenya	Washington DC North Carolina	E. Martin	Oct 15-21	890003	NC: To work with the PROGRESS leadership team on transition plans for the Kenya portfolio DC: To participate in the HIP Technical Advisory Group (TAG) meeting at the request of USAID/W
USA/NC	Rwanda	D. Shattuck	Oct 24 - Nov 3	890033	To oversee the data collection activities associated with the Vasectomy Scale-Up Project.
Italy	Hungary +Turkey	N. Acevedo	Oct 25 - Nov 3	890116	To conduct the close-out monitoring visit for the WHO Implant Study
USA/NC	Brazil	M. Eichleay	Oct 31 - Nov 6	890001, 28 & SciTech FCO TBD	To give an oral presentation on the Wealth Index at the International Conference on Urban Health
USA/NC	Tanzania	G. Vance	Dec 4-20	890059	To work with country office staff and Land o' Lakes staff to finalize plans for baseline data collection and to assist in planning the CBD of FP workshop for dairy cooperative members.
USA/NC	Rwanda +Ethiopia	B.Finger	Oct 30 - Nov 10	890136, 892028, 890003	**Rwanda:** to work with Rwanda staff on implementing RU/HIP activities and Africa Bureau case study. **Kenya:** to work with Kenya staff on CBFP activities and with ECSA on CBFP recommendations at their HC meeting.
USA/NC	Rwanda	P. Bartlett	Oct 10-17	892028	To work with country teams to develop case studies for the USAID/Africa Bureau-sponsored meeting among country teams in Dakar, just prior to the International Conference on Family Planning.
USA/NC	Ethiopia	B.Finger	Oct 18-21	892028	To work with country teams to develop case studies for the USAID/Africa Bureau-sponsored meeting among country teams in Dakar, just prior to the International Conference on Family Planning.
USA/NC	Ethiopia +Rwanda	R. De Buysscher	Nov 4-19	890001	To work with the country office on overall PROGRESS mgmt, field support budgets and FY12 country office workplans.
USA/NC	Ethiopia	C. Llewellyn	Nov 1-14	892028	To work with FHI 360/Ethiopia, the Ethiopia MOH, and Ethiopia Mission to document the successes of the country's family planning program as requested of PROGRESS by the Africa Bureau
USA/NC	Ethiopia	G. Vance	Nov 4-19	892001	To work with the country team on data analysis, report writing, and dissemination for the situation analysis (FCO 892010); To provide technical assistance to the country team on the M&E of FP activities
Nairobi	Tanzania	C. Mackenzie	Nov 13-19	890073	To offer technical assistance on "data for decision making" training for Tanzania
USA/NC	Ethiopia +Senegal +Ghana	E. Lebetkin	Nov 5-Dec 10	892001, 892010	**Ethiopia:** To work with the country team on data analysis, report writing, and dissemination for the situation analysis (FCO 892010); To provide technical assistance to the country team on the M&E of FP activities (FCO 892001). **Senegal:** To participate in International Conference on Family Planning and attend the PROGRESS Global Management Meeting. **Ghana:**To monitor progress on the study FP Uptake thru DMPA sales at Licensed Chemical Shops and to accompany AOTR Mihira Karra to visit study sites and local stakeholders.
USA/NC	Senegal +Ghana	J. Stanback	Nov 28 - Dec 8	890001, 890115, 890139	**Senegal:** To participate in International Conference on Family Planning and attend the PROGRESS Global Management Meeting. **Ghana:**To monitor progress on the study FP Uptake thru DMPA sales at Licensed Chemical Shops and to accompany AOTR Mihira Karra to visit study sites and local stakeholders.
Kenya	USA	E. Martin	December 2011	890099, 890101, 890102, 890100, 890103, 890104	Relocation to home of record - 50% cost -shared with other non PROGRESS projects
USA/NC	Switzerland	K. Nanda	Jan 29 - Feb 2	890053	To attend the Technical Consultation on Hormonal Contraception and HIV Infection held at WHO

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
USA/NC	Switzerland	M. Ndugga	Jan 29 - Feb 3	993625, 890115, 890010 Cost share	To participate in a technical consultation by WHO to review the Medical Eligibility Criteria for use of hormonal contraceptives by women and couples on Hormonal contraception.
Kenya	Switzerland	C. Cohen	Jan 31 - Feb 4	890148	To participate in the WHO and Partners Stakeholders' Meeting on Hormonal Contraception and HIV.
USA/AL	Switzerland	Zdenek Hel	Jan 29 - Feb 2	890148	To participate in the WHO and Partners Stakeholders' Meeting on Hormonal Contraception and HIV.
USA/OR	Switzerland	Roger Chou	Jan 29 - Feb 3	890148	To participate in the WHO and Partners Stakeholders' Meeting on Hormonal Contraception and HIV.
USA/NC	India +Kenya +Tanzania	R. Homan	Jan 28 - Feb 15	890034, 892021 (time only), 993642, 890004	**India:** To work with the FHI360 India staff and meet with implementing partners to monitor progress of the FP into Microfinance project Monitoring visit for FP into Microfinance project. **Kenya:** To work with the FHI 360 Kenya staff on the Kenya CIP (892021) and APHIAplus Rift Valley staff on the PEPFAR efficiency reporting initiative (993642) and meet with USAID/Kenya to provide an update on the PEPFAR efficiency reporting initiative. **Tanzania:** To work with the FHI 360 Tanzania staff and mentees of National Institute for Medical Research – Muhimbili Medical Research Centre (NIMR-MMRC) on updating the National Family Planning CIP and discuss on-going research activities. Homan also worked with FHI 360 Tanzania staff and NIMR leadership to review the capacity building activities for the coming year.
USA/NC	India	E. Namey J. Headley	Feb 5 - 15	892045	To facilitate five days out of a six-day study training initiation with a focus on qualitative data collection techniques for the PROGRESS project "Use of DMPA in India – a study of user experience and support systems in private sector facilities". The training was attended by relevant staff from the implementing partner, Sigma Research and Consulting Pvt Ltd.
USA/NC	Kenya	D. Hubacher	Feb 12 - 24	890036, 892023	To 1) work with Nairobi staff on the study titled "LNG IUS services for public sector clients in the late postpartum period" and 2) attend a conference sponsored by the Indian Council of Medical Research (ICMR).
Kenya	Tanzania	L. Dulli	Feb 19 - Mar 1	890073	To facilitate a capacity development workshop to be conducted with the National Institute of Medical Research on the topic of operations research.
USA/NC	India	D. Shattuck	Feb 20 - Mar 9	892024	To oversee the data collection training and study initiation of the male involvement project
Tanzania	USA/NC	C. Lasway/child	March	890108, 890107, 890073, 890109, 892006, 892019, 890144, 892036	Relocation to Home of Record in NC
USA/NC	Kenya	G. Vance	Mar 4 - Apr 4	890059, 890136, 890141, 892015	To support work under the PROGRESS project portfolio in Kenya. In particular, Vance will assist in preparation for a February stakeholders meeting regarding the monitoring of scale-up of best practices, as well as assisting with data collection planning. Additionally, she will contribute to the development of the CHW protocol with the Population Council and Kenya study staff, and with planning the potential scale-up of work with LoL dairy cooperatives.
Uganda, Ethiopia, India	Washington DC	A. Akol, A Basnyat, B. George	March 4 - 12	892042, 892001, 892023. 892024,	To participate in het FHI 360 GLM meeting (cost-shared with other non PROGRESS FCOs). In addition, Ms. Akol and Dr. George, to present at the first PROGRESS Technical Meeting. The bulk of the travel will be provided for by non-PROGRESS FCOs.
USA/NC	Dominican Republic	J. Coker	Mar 5 - 7	890116	To conduct an interim monitoring visit for the multisite WHO collaborative Research on implants
USA/NC	Kenya	J. Bratt	Mar 5 - 13	890059	To work with Land o'Lakes, the Kenya MOH and APHIA-Plus on a plan for the next phase of the PROGRES funded project to build health services into Field Days supported by the Dairy Cooperatives. The Kenya portion of his travel will be charged to FCO 890059. His airline ticket is cost shared with non-PROGRESS travel to Zambia.
USA/NC	Uganda	L. Harber	Mar 23 - Apr 1	890135	Provide technical assistance to the Uganda office and the MOH to develop training modules for the community-based national FP curriculum.
USA/NC	Kenya	M. Ndugga,	Mar 24 - Apr 6	890001, 890136, 892015, 892021, 993625	To follow up on PROGRESS research activities, staffing, management and reporting. To work with USAID missions on PROGRESS related issues, including the Associate Award funding mechanism and additional FS supported activities.
USA/WDC	Ethiopia	S. Kagnew	Mar 26-Apr 6	892001	To train newly hired Sr. Program Officer for PROGRESS/Ethiopia under Field Support FCO 892001. Cost share with no PROGRESS work

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
USA/NC	Rwanda	D. Shattuck	Apr 15-29	890033	To provide technical assistance to Rwanda MOH to oversee Phase I of the data collection activities and 2) work with FHI 360 staff to develop standardized operating procedures (SOPs) for data collection activities in Phases II & III of the Rwanda Vasectomy Scale-Up Monitoring project.
USA/NC	Uganda	H. Burke M. Mueller	Apr 7 - 21	890123	To train study staff for the acceptability study of Depo-subQ in Uniject and visit the 5 study clinics
USA/NC	Switzerland	J. Stanback	Apr 14-20	890010, 890115	To participate in a WHO consultation meeting to produce comprehensive task sharing guidelines for FP.
Scotland	New York	H. Critchley	Apr 17-21	890148	To attend the planning meeting about progestins and endometrial bleeding and also to attend the ICCR and the 100th anniversary celebrations.
USA/NC	Rwanda	L. Wynne	Apr 16-May 4	890045, 890147	To assist in-country staff with the preparations and implementation of the data collector training, pilot testing of data collection forms, and initial implementation for the “Assessing the workload of community health workers and their contribution to family planning uptake in selected districts in Rwanda” study
USA/NC	Rwanda	D. Chin-Quee	Apr 18-May 4	890147	To oversee data collector training and pilot testing of data collection forms for the study, “Assessing the workload of community health workers and their contribution to family planning uptake in selected districts in Rwanda”.
USA/NC	Rwanda	L. Stockton	Apr 23-May 13	890026	To conduct a collaborative data analysis training with FHI 360 Rwanda and co-facilitators from the National University of Rwanda School of Public Health (NURSPH) for staff from the Rwanda MOH, students from the NURSPH, and in-country FHI 360 colleagues. Ultimately, because the co-facilitators could not participate as envisioned, FHI 360 lead a six-day training that covered nearly all of the planned workshop content except regression modeling
USA/NC	Tanzania +Rwanda	K. L'Engle	Apr 28 - May 12	890019, 616068 Cost share	L'Engle was in Dar es Salaam and Nairobi to make data presentations, meet with study partners, and discuss sustainability of m4RH. L'Engle then traveled on to Mombasa to conduct a study visit for the Alcohol Intervention with Female Sex Workers study.
USA/NC	Tanzania +Rwanda	T. Zan	Apr 28 - May 11, 2012	890019, 892060, 892041	To participate in dissemination of pilot study results, meet with partners, and discuss sustainability of m4RH. She then traveled to Kigali to initiate discussions with key stakeholders regarding the introduction of m4RH in Rwanda tailored for young people
USA/NC	India	M. Green	May 1-16	892050	To collaborate with Basu to pretest and finalize data collection instruments, plan for field implementation of the study, and to train research agency staff for the PROGRESS study “An Evaluation of the Government of India Initiative on Contraceptives at the Doorstep by Accredited Social Health Activists (ASHAs)”.
Italy	Zimbabwe	N. Acevedo	May 5-12	890116	To conduct a periodic monitoring visit to the Harare site, one of the 7 sites participating in the WHO implant study.
USA/NC	Senegal	J. Stanback	May 6-12	890001, 890051, 892016, 892017	To review and troubleshoot ongoing PROGRESS activities in Senegal, to participate in early discussions about Senegal’s plans for the London FP summit, and to ensure continuing progress on FHI’s sub role (for OR and M&E) in ISSU, the Gates-funded Urban FP project. During his stay, Stanback met with a variety of stakeholders regarding the FP summit and helped to negotiate FHI’s role in costing out a new FP plan by the Government. He also visited the MOH, field sites, and a variety of CAs and others involved in ongoing PROGRESS activities.
India	USA/NC & USA/DC	S. Sen	May 12-18	890096	To obtain orientation training on M&E and PROGRESS.
USA/NC	Ethiopia	R. De Buysscher	May 19-29	890001	to work with the PROGRESS Chief of Party and his team (1) to review the current status of the program against budget and work plan; (2) to discuss funding needs for the final year of PROGRESS, and (3) to provide hands-on training to the new Senior Program officer in managing the Ethiopia PROGRESS portfolio.
USA/LA	Kenya	G. Etheredge	May 22-26	890032	To begin close-out activities for the FP/MF PROGRESS research
USA/NC	Kenya +Uganda	B. Maggwa	May 21-31	890001, 890135, 892042	To provide technical and administrative support to the PROGRESS project team in Uganda and Kenya in preparing for discussions with the missions on FY13 budgets and possible Associate Awards
USA/NC	Ghana	E. Lebetkin	Jun 2-25	890149	The main purpose of the trip was to train licensed chemical sellers (LCS) to sell DMPA and to train the study data collectors for the study Increasing Family Planning Access and Use through DMPA Sales at Licensed Chemical Shops in Ghana. 104 LCS were trained for the study and 8 data collectors were trained.

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
USA/NC	Kenya	L. Wilson	Jun 10-30	890006	to prepare for data collection for the field test of the approach to monitoring scale up of best practices, focused on FP integration into HIV Comprehensive Care Centers. This included developing the data collection training, conducting site visits in the Coast Province, and conducting the data collection training with Alice Olawo. Wilson also met with PROGRESS staff to conduct other general PROGRESS activities, including preparing for the final year and assisting with the development of an Associate Award concept
USA/NC	Senegal	J. Stanback	Jun 10-16	890051, 890001, 892016	To assist local operational team with prioritizing FP activities for Senegals ask during upcoming GATES/DFID Fp Summit.
USA/NC	Switzerland	J. Stanback	Jun 25-30	890010, 890115	To participate in a WHO technical consultation meeting on "Optimizing human resource requirements for expanding family planning coverage". To participate in a WHO technical consultation meeting on “Policy, programme, and research recommendations to expand access to family planning".
USA/NC	Switzerland	B. Maggwa	June 20-30	890010, 890115, 890001	To participate in the following meetings: Meeting of the Policy and Coordination Committee for the HRP Department; Meeting on Optimizing human resource requirements for expanding family planning coverage; Meeting on Policy, programme and research recommendations to expand access to family planning- held in Montreux
India	North Carolina	S. Basu	Jun 23-30	890096, 892025, 892059	To work with FHI HQ colleagues on the PROGRESS Microfinance project: to plan for end line data collection and end line tool, data analysis of contraceptive at doorstep project and discussion on the data analysis for the DMPA study.

Dakar International Conference on Family Planning					
From	**To**	**Traveler**	**Dates**	**Funding FCOs**	**Primary Purpose (by FCO)**
Ethiopia	Senegal	Abebe, Sintayehu	Nov 27, Dec 3	892001	To participate in the International Conference on Family Planning (ICFP). (Ethiopia Delegation)
Ethiopia	Senegal	Kasahun, Geleta	Nov 28 - Dec 3	892001	To participate in the ICFP. (Ethiopia Delegation)
Ethiopia	Senegal	Tesfaye, Neghist	Nov 28 - Dec 5	892001	To participate in ICFP. (Ethiopia Delegation)
Ethiopia	Senegal	Kassa Workayehu, Temesgen	Nov 26 - Dec 5	892001	To participate in the ICFP and attend the PROGRESS Global Management Meeting
Ethiopia	Senegal	Okello, Francis	Nov 26 - Dec 5	892001	To participate in the ICFP and the PROGRESS Global Management Meeting
Ethiopia	Senegal	Tesfaye, Neghist	Nov 28 - Dec 5	892001	To participate in ICFP. (Ethiopia Delegation)
India	Senegal	Basu, Sharmistha	Nov 28 - Dec 2		To participate and present at ICFP.
India	Senegal	Prabhughate, Abhijit	Nov 28 - Dec 6	892023	To participate in the ICFP and the PROGRESS Global Management Meeting
India	Senegal	Settu, Shekhar	Nov 28 - Dec 5	892023	To participate in the ICFP and the PROGRESS Global Management Meeting
India	Senegal	George, Bitra	Nov 28 - Dec 4	892002	To participate in the IFPC and the PROGRESS Global Management Meeting
Kenya	Senegal	Bashir, Issak	Nov 27 - Dec 3	892013	To participate in the IFPC and represent the Division of Reproductive Health on the Kenya Country Delegation
Kenya	Senegal	Dulli, Lisa	Nov 28 - Dec 4	890028	To participate and present at ICFP.
Kenya	Senegal	Liku, Jennifer	Nov 28 - Dec 3	892038	To participate in the ICFP
Kenya	Senegal	Mackenzie, Caroline	Nov 28 - Dec 3	892013	To participate and present at ICFP.
Kenya	Senegal	Martin, Erika	Nov 28 - Dec 4	892013	To participate in the ICFP and the PROGRESS Global Management Meeting
Kenya	Senegal	Mohammed, Aisha	Nov 27 - Dec 3	892013	To participate in the ICFP (Kenya Country Delegation)
Kenya	Senegal	Olawo, Alice	Nov 28 - Dec 3	892015	To participate and present at ICFP.
Kenya	Senegal	Otieno-Masaba, Rose	Nov 28 - Dec 3	890059	To participate and present at ICFP.
Kenya	Senegal	Shiprah, Kuria	Nov 27 - Dec 3	892013	To participate in the ICFP (Kenya Country Delegation)
Kenya	Senegal	Solomon, Marsden	Nov 28 - Dec 4	892020	To participate in the ICFP and the PROGRESS Global Management Meeting
Rwanda	Senegal	Kagabo, Leonard (MOH)	Nov 27 - Dec 4	890113, 890112 (cost share 50/50)	To participate and present at ICFP.
Rwanda	Senegal	Nsengiyumva, Theophile	Nov 28 - Dec 2		To participate in the ICFP.
Rwanda	Senegal	Nsengiyumva, Thomas	Nov 27 - Dec 5	892012	To participate in the ICFP (Rwanda Delegation)
Rwanda	Senegal	Wesson, Jennifer	Nov 27 - Dec 4	890113, 892012 (cost share 50/50)	To participate and present at ICFP.
Tanzania	Senegal	Lasway, Christine	Nov 27 - Dec 4	892006	To participate in ICFP and attend the PROGRESS Global Management Meeting.
Tanzania	Senegal	Lema, Mary Ann	Nov 28 - Dec 3		To participate in the ICFP. (Tanzania Delegation)
Tanzania	Senegal	Mujaya, Stella	Nov 28 - Dec 3	890029	To participate and present at ICFP.
Tanzania	Senegal	Ndakidemi, Elizabeth	Nov 28 - Dec 3	890073	To participate and present at ICFP.
Tanzania	Senegal	Rusibamayila, Neema	Nov 27 - Dec 3	892006	To participate in ICFP (Tanzania Delegation)
Tanzania	Senegal	Kimaro, Godfather	Nov 27 - Dec 3	892006	To participate in the ICFP. (Tanzania Delegation)
Uganda	Senegal	Akol, Angela	Nov 27 - Dec 3	892018	To participate in the ICFP and attend the PROGRESS Global Management Meeting.
USA/NC	Senegal	Brunie, Aurelie	Nov 28 - Dec 3	890007	To participate and present at ICFP.
USA/NC	Senegal	Burke, Holly	Nov 27 - Dec 3	890124	To participate and present at ICFP. To work with CO and implementing agency on Uniject study.
USA/NC	Senegal	Chin-Quee, Dawn	Nov 28 - Dec 4	890017, 890029	To participate in the ICFP and attend the PROGRESS Global Management Meeting.
USA/NC	Senegal	De Buysscher, Rose	11/27 - 12/8	890001	To participate in the ICFP and PROGRESS Global Review Meeting. Work with the Senegal country office staff on mgt and reporting. Work with CO and implementing agency on Uniject and IM studies.

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
USA/NC	Senegal	Dorflinger, Laneta	Nov 27 - Dec 4	890115(PROGRESS) 805000 (PTA) 12397 (Gates)	To participate in the ICFP and attend the PROGRESS Global Management Meeting. (cost shared)
USA/NC	Senegal	Ndugga, Maggwa Baker	Nov 24 - Dec 4	890001, 890115	To participate in the ICFP and the PROGRESS Global Management Meeting; to work with the Country Office on PROGRESS mgmt and field support activities
USA/NC	Senegal	Hubacher, David	Nov 27 - Dec 3	890049	To participate in the ICFP.
USA/NC	Senegal	Rademacher, Kate	Nov 29 - Dec 2	890081	To participate and present at ICFP.
USA/NC	Senegal	K. Krueger	Nov 27 -Dec 12	890080	To participate and present in the ICFP, working with partners at the global and regional levels to plan for several CBA2I technical assistance efforts.
USA/NC	Senegal	Lebetkin, Elena	Nov 27 - Dec 5	890001	To participate in ICFP and attend the PROGRESS Global Management Meeting.
USA/NC	Senegal	L'Engle, Kelly	Nov 28 - Dec 4	890019	To participate and present at ICFP. To meet with the m4RH team coming from Kenya and Tanzania to discuss shared learnings and issues of ownership and sustainability of m4RH.
USA/NC	Senegal	Orr, Tracy		890134	To participate in the ICFP and to work with the Senegal CO on the IM study.
USA/NC	Senegal	Wilson, Lucy	Nov 27 - Dec 5	890006	To participate in the ICFP and the PROGRESS Global Management Meeting
USA/NC	Senegal	Vahdat, Vahdat	Nov 28 - Dec 3	890019	To participate and present at ICFP. To meet with the m4RH team coming from Kenya and Tanzania to discuss shared learnings and issues of ownership and sustainability of m4RH.
USA/NC	Senegal	Zan, Trinity	Nov 28 - Dec 9	890051	To participate in the ICFP. To provide TA to FHI/Senegal office staff, MOH, & partners related to several PROGRESS activities.
Zambia	Senegal	Mbweupe, Maximallian		890017	To participate in the ICFP
Kenya	Senegal	Kinyua, David; Kichamu, George; Chebet, Ken; Onduso, Pamela; Ayallo, Mark; Kimondo, Lucy; Kizito, Paul; Lumumba, Vane; Ogola, Samuel; Siringi, Samuel; Somoren, Gladys; Sirengo, Martin; Ethuro, David; Gichuhi, Gathari; Kilimo, Linah Jabi; Wainana, Stephen Ooro, Beryl; Jahinga, Ruth; Wangwe, Festus; Abdi Nuh Nasir	Nov 28 - Dec 3	892039	At the request of USAID/Kenya, FHI 360/PROGRESS provided funding through field support to guarantee 2 hotel nights each, for 16 participants. They were funded by other USAID supported CA's. to attend the ICFP.